Lincolnshire COUNTY COUNCIL
Working for a better future

County Offices
Newland
Lincoln
LN1 1YL

20 November 2018

Adults and Community Wellbeing Scrutiny Committee

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 28 November 2018 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL** for the transaction of the business set out on the attached Agenda.

Yours sincerely

Keith Ireland

Keith Ireland
Chief Executive

Membership of the Adults and Community Wellbeing Scrutiny Committee (11 Members of the Council)

Councillors C E H Marfleet (Chairman), Mrs E J Sneath (Vice-Chairman), Mrs P Cooper, R J Kendrick, Mrs J E Killey, Mrs C J Lawton, A P Maughan, Mrs M J Overton MBE, C E Reid, M A Whittington and 1 Conservative Vacancy

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 28 NOVEMBER 2018

9	**Working Group - Government Green Paper: Care and Support for Older People** *(To receive a report by Simon Evans, Health Scrutiny Officer, which sets out the proposed Terms of reference for the working group established by the Committee to consider the background to the Government Green Paper: Care and Support for Older People in advance of its publication)*	141 - 144
10	**Adults and Community Wellbeing Scrutiny Committee Work Programme** *(To receive a report by Simon Evans, Health Scrutiny Officer, which provides the Committee with an opportunity to consider its work programme for the coming months)*	145 - 150

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Please note: for more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting

- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details set out above.

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www.lincolnshire.gov.uk/committeerecords

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
10 OCTOBER 2018

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors Mrs E J Sneath (Vice-Chairman), R J Kendrick, Mrs J E Killey, Mrs C J Lawton, Mrs M J Overton MBE, C E Reid and P A Skinner

Councillors: Mrs P A Bradwell OBE attended the meeting as an observer

Officers in attendance:-

Simon Evans (Health Scrutiny Officer), Steve Houchin (Head of Finance, Adult Care and Community Wellbeing), Emma Krasinska (Commissioning Manager, Adult Care & Community Wellbeing), Carolyn Nice (Assistant Director, Adult Frailty & Long Term Conditions), Gina Thompson (Commissioning Manager, Adult Frailty and Long Term Conditions), Professor Derek Ward (Director of Public Health) and Rachel Wilson (Democratic Services Officer)

30 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors A P Maughan and M A Whittington.

The Chief Executive reported that having received a notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, he had appointed Councillor P Skinner as a replacement member of the Committee in place of Councillor M A Whittington for this meeting only.

31 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of interest at this point in the meeting.

32 MINUTES OF THE MEETING OF THE ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE HELD ON 5 SEPTEMBER 2018

RESOLVED

That the minutes of the meeting held on 5 September 2018 be signed by the Chairman as a correct record.

33 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR AND LEAD OFFICERS

There were no announcements by the Chairman, Executive Councillor or Lead Officers.

34 INTEGRATED LIFESTYLE SUPPORT SERVICES

The Committee received a report which provided members with the opportunity to consider a report on the commissioning and procurement of Integrated Lifestyle Support Services (ILS) which was due to be considered by the Executive Councillor for Adult Care, Health and Children's Services between 12 and 19 October 2018.

Members were advised that the Council currently commissioned a range of services for the prevention and management of unhealthy lifestyles. These services were commissioned to address single lifestyle issues or with a particular intensive focus, such as smoking cessation, NHS Health Checks and alcohol treatment services.

It was noted that the existing stop smoking services delivered an evidence based intervention, but it was queried whether this provided value for money. Members were also informed that obesity and being overweight was as much of an issue for the population in general as smoking was. The authority was keen to review the stop smoking service as it was coming to the end of its contract with the current provider. It was highlighted that there was a particular issue with people who had long term conditions and continued to smoke, as any surgery and anaesthesia represented a risk due to their unhealthy lifestyles.

The conclusion of the current Local Stop Smoking Service provided an opportunity to develop a more holistic approach which supported people with multiple unhealthy behaviours to improve their health and wellbeing through the commissioning of an Integrated Lifestyle Support (ILS) service. The aim was to fundamentally change the approach. Whilst people who wanted to quit smoking would continue to be supported the support would be broadened out to help people with diet, exercise and alcohol consumption. It was reported that people who smoked would more often be overweight and/or would drink too much alcohol, as it had been found that people tended to have more than one unhealthy behaviour.

In relation to the contract structure, members were advised that the contract would be a 3 +1 + 1 years, as this would be a new service to Lincolnshire, and there was a need to ensure that it delivered value for money. It was noted that the proposed maximum annual funding for the contract would be £2.75m per annum, and the contract would be made up of a block payment amount to cover core costs of delivering the service, with the addition of performance related payment linked to the delivery of contract outcomes in order to retain an incentive for the provide to drive improvements in the delivery of outcomes and performance. In terms of next steps, the Committee was advised that an 'Invitation to Tender' would be issued in November 2018, followed by a process of evaluation. It was expected that the contract would be a consortium model, with a lead provider working with a number of partners. The contract would be awarded in March 2019, and the service would go live in July 2019.

Members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report, and some of the points raised during discussion included the following:

- It was clarified that councillors were included within the offer of free flu jabs for the County Council workforce.
- Correlations had been made between physical issues such as smoking and alcohol use and mental health. It was queried whether there were any linkages with mental health services. Members were advised that there would be linkages with the CCG's and there were referral pathways if it was felt that someone needed additional help. It was reported that there would be a meeting with GP's regarding referral pathways and to highlight how people could be referred into other services.
- Members commented that it was positive that it would be an outcome based contract.
- Concerns were raised regarding the possibility of someone's operation being delayed due to their weight. However, members were advised that this would be a clinical decision made by GP's and the CCG. What the Council would offer through this service would be the provision of support if that decision was made. It was noted that this service would also be able to help people with mobility issues.
- In terms of alcohol misuse, it was noted that this service would be aimed at supporting those with low level alcohol consumption. There were other services available for those who were considered to have alcohol dependencies, as there could be a clinical risk in severe cases.
- It was noted that in some areas of the county there were large proportions of migrants, and a large number of this group would smoke, however, they tended to be physically active and did not have weight issues. It was queried whether this could have skewed the smoking prevalence rate for the county and also how would this part of the population be engaged with. Members were advised that as there would be an outcome based approach to this service, it would allow for the provider to deliver different levels of service according to demand. This should provide flexibility to deliver what is needed in each area. It was also noted that these services would be available in appropriate languages for an area.
- It was queried whether there was a different way to reach these population groups, such as by taking the campaign to the workplace, rather than waiting for them to go to the GP. It was also highlighted that many migrant workers were not registered with a GP.
- Members were pleased to see that this would be a jointly funded project. It was recognised that this contract related to services for adults, however, it was also highlighted that there was a significant problem with children's mental health, and there was a need to look carefully at mental health issues.
- It was commented that this was a really useful and important service, but it was thought there may be a need to increase the availability of mental health services to complement the service.
- It was noted that this contract was focussed on preventative services and in many instances an individual's mental health could be improved by improving

their lifestyle, but in other instances an individual mental wellbeing contributed to their lifestyle choices.

- This service would mainly be about providing low level support, there was evidence that improvements to lifestyle could improve wellbeing.
- It was noted that in terms of migrant workers, some outreach had been carried out through major employers, mainly focusing on lifestyle advice around obesity.
- It was commented that a holistic and countywide approach was positive.
- It was commented that some comfort could be taken from the suggestion that young people were drinking less, and that smoking rates were reducing.
- Members were advised that it was much more efficient and effective to help those people that were ready to change. As the Public Health Directorate, it was necessary to look for the best outcomes for the people of Lincolnshire as a whole.
- It was commented that although this service would be aimed at those aged 18 and over, there were now a number of primary school children who were classed as overweight or obese. It was suggested that this was an issue of education, as if someone started over eating as a child, by 18 years of age, this would be an ingrained behaviour.
- The Committee agreed that it was an excellent report, and it was also commented that the four criteria outlined in the report were the key primary drivers for a healthy life. It was considered important that GP's supported this.
- It was suggested whether the county council should take more of a lead with this with its own staff. Members were advised that one of the referral groups was the County Council's own staff. There was a possibility of having this conversation with the NHS regarding the involvement of their staff. However, the county council would not be able to fund this.
- It was requested whether, once the procurement process was complete, the Committee could receive some feedback regarding interest and engagement, and also if it could come back to the Committee in a years' time when the service had had a chance to settle in.

RESOLVED

1. That the Adults and Community Wellbeing Scrutiny Committee supports the recommendation to the Executive Councillor as set out in the report.
2. That the following comments be passed onto the Executive Councillor:-
    - The linking of services addressing four lifestyle behaviours (smoking; physical activity; food, nutrition and weight; and alcohol consumption) is strongly supported, as a means of improving overall health and wellbeing.
    - The support of Primary Care, including GPs, in guiding people to integrated lifestyle support services is stressed.
    - Although not part of the proposed integrated lifestyle support services, the Committee was supportive of the relevant staff groups at the County Council promoting a healthy lifestyle; and in turn the Committee urged that these staff groups should be supported in attaining a healthy lifestyle.

35 COMMUNITY WELLBEING COMMISSIONING STRATEGY

Consideration was given to a report which provided the Committee with an opportunity to provide feedback on the current Community Wellbeing Commissioning Strategy 2017 – 2020. It was reported that the purpose of this commissioning strategy was to improve and protect the health and wellbeing of the people in Lincolnshire. It was thought this could be best achieved when people were supported to be independent, make healthier choices and live healthier lives.

Members were advised that this was the strategy that was currently in existence and officers would value the views of the Committee of how it could be changed over the next 12 months, for example, what was useful in the current strategy and what may be useful in the future.

In terms of the actions in the current strategy, all actions were either in progress or nearing completion. A conversation had also commenced regarding understanding what the core duties were and what could be delivered by the authority, and what services were bought in.

Members were provided with an opportunity to ask questions to the officers present regarding the information contained within the report and some of the points raised included the following:

- It was queried whether large companies could be engaged with more to promote wellbeing initiatives to their staff. It was commented that large supermarkets such as Tesco had engaged with the authority in the past.
- It was commented that there were a lot of facilities within communities, such as village halls, and there was a need to connect and engage with these facilities in order to make better use of them.
- It was noted that the Director of Public Health had spoken with the Chief Executive of Lincolnshire Co-op regarding the flu jabs for staff, and they had picked up the co-ordination of the county wide programme. It was noted that this scheme was a payment by outcome, and therefore it did not matter where someone would get their flu jab. It was believed that this approach provided better services for the people of Lincolnshire.
- It was queried whether there was evidence to show that smoking e-cigarettes made a difference to smoking rates and a person's health. It was noted that if someone who smoked traditional cigarettes completely switched to e-cigarettes there was a significant reduction in risk. However, the best option was still to stop smoking completely. It was reported that smoking prevalence across the country had dropped significantly, however there were still comparatively high levels of smoking in Lincolnshire. It was not possible at this time to answer whether the use of e-cigarettes was reducing the smoking rate.
- It was suggested that there was a need to speak with United Lincolnshire Hospitals NHS Trust regarding enforcing their ban on smoking at the entrance

to hospitals, and it was thought that this was one area where staff could lead by example.

- It was noted that one of the areas being picked up was obesity and physical activity, and a member of staff had been seconded to start conversations with facilities such as Louth swimming pool about the classes they could offer, as it was noted that all would offer slightly different activities.
- There was also work to be done on how the County Council could work more closely with districts and the Director of Public Health would be attending the Lincolnshire Chief Executives meeting to examine how engagement could be further improved.
- CCG's spent £1.1bn on NHS health services in Lincolnshire.
- It was commented that this should not necessarily be about offering everything for free, as if people had to pay for some of the services e.g. fitness classes, they would be more likely to continue attending. It was agreed that there was a psychological aspect to this. It was also noted that when schemes had been opened up so that attendees could 'bring a friend' then this also showed an increase in completion rates for a programme.
- It was commented that in evening classes, it had been noted that those people who did not have to pay were the first to leave the course.
- There was a need for more low key exercise classes and activities for elderly residents.
- It was suggested that it was more effective to build exercise into daily life by increasing walking for example, rather than by setting aside time to go to the gym. It was suggested that communities should be encouraged to set up walking groups.
- There was a need to ensure careful scheduling of community activities to ensure they did not clash with things such as parish council meetings.
- It was suggested that there was a need to engage with community group leaders on how to ensure the continuity of their group and how to incorporate new members.
- It was noted that the need for activities within care homes had been included within the residential contract. It was also suggested that care homes should be encouraged to become engaged with their local community.

RESOLVED

1. That the content of the current Community Wellbeing Commissioning Strategy be noted.
2. That the following feedback be provided to the Council's Executive:
    - Benefits of engaging with district councils, businesses and others to support approached to wellbeing;
    - Importance of making use of the County's assets, as part of a mixed economy supporting healthy lifestyle behaviours;
    - Creativity around charging policies to encourage take up
    - The importance of community groups developing and supporting healthy activities.

36 CARERS COMMISSIONING STRATEGY

Consideration was given to a report which provided the Committee with the opportunity to comment on the current content of the Carers Commissioning Strategy 2017-2020. The purpose of this strategy was to support the health and wellbeing of carers of all ages in Lincolnshire. It was believed that there were around 80,000 carers in Lincolnshire, but of these only around 30,000 of these were known to the County Council.

The Committee was guided through the report and some of the statistics highlighted were as follows:

- 85% of carers co-habit with the person they support
- 62% of carers had a disability or long standing illness
- 19% of carers were not in paid employment because of their caring responsibilities
- 37% of carers had as much social contact as they would like (although it was noted that this also meant that over 60% were not getting as much social contact as they would like)

It was reported that all the actions were either in progress or complete, but it was acknowledged that there was a need for more work around this agenda. Carers support now reported to the Director Public Health and considerations for those with caring responsibilities were being incorporated into every aspect of the directorate's work.

It was highlighted that one area where more work was required was around the employers of carers, and how they were taking care of those of their workforce who were carers. It was queried whether there were things that should be picked up around this area.

Members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- For every instance where a carer asked for help, it was likely that there would be 10 who did not. The care system would not survive without those carers, therefore it was important that they were supported.
- In terms of carers and employment, it was noted that where people were desperate to get back into the job market, early outreach was important. It was also very important to ensure that any carers who were also in employment managed to keep that job. A big part of the work being done with Carers First was getting people back into employment and helping people who were struggling.
- It was important to note that a person could become a carer in an instant, for example if a loved one had an accident, or a stroke.
- People who had been a carer for a long time may be unsure about re-entering employment, particularly if they had to also rely on day centres, as the hours were not always employment friendly.
- It was commented that it was important to realise that caring for someone did not need to be a full time role, although in a lot of cases it would be.

- In terms of the amount of social contact carers received, it was highlighted that some of the South Holland District Councillors were using part of their allowances to take carers out for a Christmas lunch.
- In terms of young carers, it was reported that this was often an unknown area for a lot of young people.
- Members were advised that this was an all age commissioning strategy, and support for young cares was being provided through the early help service which included working with schools to help them to identify and provide support for carers in schools.
- Taking a whole family approach was one of the priorities for the strategy. For example, a young person with caring responsibilities may want to go to their nearest university. Work had been carried out with the University of Lincoln so that it could be included on the admissions form if someone was a young carer so they could receive welfare and support from the university.
- Members were informed that there were strong links with housing companies and district councils in relation to housing.
- It was hoped that a Carers Portal could be created where carers would be able to connect with each other.
- Members were informed that Carers First had been shortlisted for a national award through the Health Service Journal. The organisation was well recognised for the work it did and raised the profile of the support that was available.

RESOLVED

That the content of the current Carers Commissioning Strategy be noted and feedback considered by the Executive.

37 ADULT FRAILTY AND LONG TERM CONDITIONS COMMISSIONING STRATEGY

Consideration was given to a report which contained the key strategic aims of the Adult Frailty and Long Term Conditions Commissioning Strategy 2016 – 2019 and set out what had been achieved since the implementation in 2016. It was reported that the Strategy and associated activities supported people with eligible needs as outlined by the Care Act 2014. The customer groups supported by this strategy were Older People, People with Physical Disabilities and People with Sensory Impairments. It was noted that this Strategy was due to be refreshed and officers were keen to receive feedback on what the Committee would like to see included going forward.

It was noted that there were a number of areas where there had been some success and good achievements. There was a need to ensure that the strategies linked together, as people will pick up one strategy but not necessarily another. Members were advised that the home care contract had been re-procured since the strategy was introduced, and personal budgets had been introduced which were to help people make more informed choices about their care. It was also noted that pre-paid

cards had also been introduced to make the personal budgets easier for people to manage.

Members were provided with the opportunity to ask questions of the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- It was clarified that in relation to personal budgets, a person would have an assessment and the results would then give an indication of what their personal budget would be. A social worker would then go through the support plan with the person and the personal budget may then increase or decrease based on the person's needs. The personal budget would cover the cost of the care and the person would then have a number of options on how to spend it, they could either opt for commissioned services or a direct payment. A person receiving a direct payment was able to spend that money in a way that met the outcomes of their support plan. It was noted that they did have to submit receipts and the receipts would be audited, as the authority tracked what people were buying with their direct payments. A lot of people would purchase agency support. There was a need to look at whether people were getting the best they could for their direct payment.
- There was a need for balance between the choice of direct payment and commissioning responsibilities.
- There was a need to ensure that the care provided was suitable for a person's needs.
- In was considered important that when people came out of hospital they were able to return to independence. Members were advised that there were teams based within hospitals who would assess patients as to whether they would require any adaptations or home care. In relation to adaptations It was noted that people would not stay in hospital whilst these were carried out if they were able to be discharged. There were various things that health colleagues needed a person to be able to perform before they could be discharged.
- It was commented that Pendrells seemed to be a key player in terms of care, and members were advised that they tended to be the favoured choice for most local authorities, it was suggested this maybe because they have many years of experience.
- It was queried why there had been a decrease in convalescent homes, and it was noted that most people did not want to go into care and wanted to receive care in their own home. Now there was a need to determine how to put a team around a person in order to support them to the level they need.
- Reablement provided a level of control over demand, and enabled the support to be front loaded, so a person would receive more care visits for example when they first came out of hospital, and gradually reduce the number or frequency of visits to get someone back to independence as much as possible.
- It was commented that there were a lot of opportunities around day care, and they could be more focused around certain issues e.g. cooking. It was suggested that people wanted to engage with like-minded people.

- It was noted that work was underway with the Director of Public Health and the Assistant Director Specialist Adult Services on how the authority could make better use of its assets (buildings).
- It was noted that there were very few homes suitable for people with disabilities, and so it was essential that the Strategy linked in with housing.
- There were some people whose needs were so complex that they would need specialist care.
- There was a need for more creative options to ensure people remained independent, for example it was commented that in Cambridgeshire, supermarkets were sponsoring buses to pick people up so they could do their shopping.
- Rurality was key factor as the cost of getting into town if there were no or limited bus services could be prohibitive for some people. It was noted that in Somerset, micro commissioning of services was taking place, which enabled a few people to get together to jointly commission a service. There was a need to look at how the authority could help people to be more creative.
- There was also a need to incorporate more digital engagement as well as the promotion of self-care and supporting people to look after themselves.

RESOLVED

That the content and feedback on the current Adult Frailty and Long Term Conditions Commissioning Strategy be noted.

38 LINCOLNSHIRE JOINT STRATEGY FOR DEMENTIA

Consideration was given to the Joint Strategy for Dementia 2018-2021 which was a refresh of the existing Joint Strategy for Dementia Care 2014-2017 and had been developed and co-produced with strategic partners, people who lived with dementia, their families and carers to provide a strategic framework around dementia for the next three years.

It was reported that the Strategy refresh set out the vision and details of the achievements since the implementation of the Lincolnshire Joint Strategy for Dementia 2014 – 2017. It was also noted that the Strategy had been presented to the Lincolnshire Health and Wellbeing Board.

Members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- It was suggested whether the questions used in the initial diagnosis of dementia could be carried out online.
- More work was needed around prevention and it was acknowledged that people were being diagnosed too late and the current system did not enable people to live well with dementia.
- There would be an easy read summary included with the Strategy. It would also include how carers could be supported and also those people with an early diagnosis of dementia, and what they should expect from the

Lincolnshire County Council offer. It was noted that the dementia family support service was due to be re-procured.

- There was a need to be smarter about getting people to plan in advance the care they would like, as often by the time medical staff intervened it was too late for the person to make those decisions. It was important to ensure that people could have that choice about their future.
- The picture for Lincolnshire was variable in terms of care offered, and there was an aim for it to become more consistent. There was confidence that the proposed governance structure would assist in delivering the priorities of the Strategy.
- There had been comprehensive engagement with carers to get their views and address their concerns.
- It was queried how effective was counselling for someone with dementia. In terms of early intervention, it was noted that faster that the person could receive support and advice the better, it was also noted that advice for the family needed to be linked into this.
- There was a need to empower primary care providers to access these pathways and to raise awareness of dementia.

The meeting was adjourned from 12.48pm until 12.56pm

RESOLVED

1. That the draft Lincolnshire Joint Strategy for Dementia be supported.
2. That a summary document for the Strategy be developed.

39 ADULT CARE & COMMUNITY WELLBEING 2018/19 OUTTURN PROJECTION

Consideration was given to a report which set out the Adult Care and Community Wellbeing 2018/19 outturn projection. It was reported that the Adult Care and Community Wellbeing (AC&CW) net budget was £221.288m, and the gross figure for 18/19 was £281.804m. Based on current information available to 31 August 2018, it was estimated that AC&CW would produce a breakeven budget for the financial year 2018/19. The increasing strategic importance of the Better Care Fund (BCF) had also meant that the impact to AC&CW also had to be reflected in service budgets.

It was noted that corporately, the County Council was expected to balance its budget until March 2020. There was an assumption that the authority would have a balanced budget until 2022. In comparison to some other areas, Lincolnshire was doing well.

It was noted that the Executive would be meeting on 18 December 2018 to agree the budget, and the final statement figure should be received around that time.

It was queried whether the underspend and balanced budget equated to the delivery of quality services, and members were assured that it did.

RESOLVED

That the budget outturn projection for 2018/19 be noted.

40 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE WORK PROGRAMME

The Committee received a report which enabled members to consider the work programme, which was reviewed at each meeting.

Members were invited to consider whether to establish a working group to review the information prepared by organisations such as the local Government Association and the County Council Network, in anticipation of the Government's publication of the green paper on Care and Support for Older People.

During discussion of the work programme the following issues were highlighted:

- It was expected that that the green paper would now be published in December 2018, and so would be removed from the agenda for the November 2018 meeting.
- It was commented that there was a need to expand digital development into the agenda, for the short term, medium term and long term.
- In relation to the working group, it was thought that it was likely to only consist of a small number of meetings.
- It was suggested that the issues around rurality should be added to the agenda as it impacted on so many things that had been raised during the course of the meeting.
- It was suggested that issues such as rural isolation, charging for services and income streams should be looked at as part of the working group.

RESOLVED

1. That the work programme as discussed be agreed.
2. That a working group be established to review the information prepared by the Local Government Association, the County Councils Network and any other relevant body, in anticipation of the Government's Green paper on the Care and Support for Older People.

The meeting closed at 1.30 pm

Lincolnshire COUNTY COUNCIL
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Policy and Scrutiny

Open Report on behalf of Glen Garrod, Executive Director, Adult Care and Community Wellbeing	
Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**28 November 2018**
Subject:	**Wellbeing Service and Telecare Update**

Summary

The Wellbeing Service has recently been recommissioned by Lincolnshire County Council and successfully went live on 1 April 2018, delivered by Wellbeing Lincs. Wellbeing Lincs is a consortium of all seven District Councils. East Lindsey District Council (ELDC) is the contracted lead provider. The service continues to operate with a preventative focus, reducing and delaying the need of the local population for more costly Adult Care and Acute Hospital services.

Lincolnshire County Council's contracted Telecare service is now delivered separately to the Wellbeing Services by NRS Healthcare (NRS) as part of the Integrated Community Equipment Service (ICES). In addition, there remain a number of commercial telecare services locally and nationally, promoting customer choice.

Actions Required

The Adults and Community Wellbeing Scrutiny Committee is asked to note the successful re-procurement of the Wellbeing Service and the transfer of the Telecare Services to the Integrated Community Equipment Service contract.

1. Background

Wellbeing Service

Lincolnshire County Council has commissioned a Wellbeing service since 2014. The Service enables people to live as independently as possible for as long as possible, preventing or delaying entry to health and care services. Initially, the service was delivered by 3 providers: North Kesteven District Council and East Lindsey District Council, in their respective district areas, and by a voluntary sector consortium known as Lincolnshire Independent Living Partnership in the other five district areas.

Whilst the service aims and required outcomes were consistent for all three providers, this model meant that service delivery varied across the county. Whilst this approach provided valuable learning to support a full re-commissioning exercise, it was decided to establish a single countywide service from 1 April 2018. This means that service delivery is now consistent for all residents in all parts of the county, and that referral routes are better understood be other agencies, ensuring that the right people are sign-posted to appropriate support more effectively.

A successful re-procurement exercise resulted in Lincolnshire's new Wellbeing Service going live on 1 April 2018. The transition to the new contract requirement was made with no service disruption, despite the transition coinciding with the four-day Easter bank holiday weekend.

The new Wellbeing Service consists of the following six components:

- Trusted Assessment – by telephone triage and home visit.
- Generic Support – providing up to a maximum of twelve weeks support based on the needs established in the assessment.
- Small Aids and Adaptations – installation of aids and adaptations that the service user purchases, based on their needs assessment.
- Resettlement – a resettlement service which meets individuals at home after a stay in hospital or care facility, ensuring needs are assessed and planned for upon returning home.
- Telecare Response – a 24 hour response service to telecare alerts where the individual registers and pays for the service, with the ability to provide falls assessment, lifting, and emergency personal care where required.
- Hospital and care in-reach – a promotion function to develop a better referral pathway into urgent healthcare.

Some case studies from the first six months are attached at Appendix A.

Further detail on each of the six service components and the eligibility criteria can be found in the briefing note at Appendix B.

Referrals into the Wellbeing Service are currently averaging 21 per day (based on a five day week) across the county which is in line with expectations. The service is achieving a high level of outcomes and user satisfaction with 95% of service users reporting positive improvements across their self-determined outcomes.

Since Wellbeing Lincs took launched the new service in April, over 270 different organisations have referred people into the service, including GP's, Adult Social Care, United Lincolnshire Hospitals NHS Trust, District Councils, food banks, victim support, citizens advice, P3, and many third sector organisations. The in-reach and partnership team are embedded in neighbourhood teams and other partnerships, developing local intelligence and contacts to raise awareness of what Wellbeing Lincs can offer and enhancing the opportunities for generic support services within communities.

Telecare

As part of the Wellbeing Service re-procurement exercise the Telecare equipment and monitoring element of the previous service was removed from the service specification. This had previously been included as an element of the re-procurement of the ICES contract in 2016 so transfer of the services could be done smoothly. This has been carried out through a phased approach with the monitoring of Telecare moving over to NRS (Sub-contracted to Centra) on 1 April 2017. The supply and installation transferred to NRS from 1 April 2018.

Work has been ongoing to ensure that all 7,000 service users who were in the Telecare service prior to handing over to NRS were moved across as easily as possible. As part of the transfer, NRS have developed a local retail offer which allows service users greater choice and easy access to a wide range of assistive technology, which enhances the Council's preventative offer and supports Lincolnshire County Council to manage demand for more costly care services. That said, it should be noted that NRS are one of several Telecare providers operating within Lincolnshire. This gives customers choice over the services they receive. To ensure that Lincolnshire County Council remains compliant with the Care Act 2014, the Council continues to fund the full Telecare package for an individual where Telecare forms part of a care package that meets an assessed need.

2. Consultation

a) Have Risks and Impact Analysis been carried out??

N/A

b) Risks and Impact Analysis

N/A

3. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Robin Bellamy, who can be contacted on 01522 553988 or robin.bellamy@ lincolnshire.gov.uk

Appendix A

Wellbeing Lincs Case Studies

75 yr. old from Sutton on Sea

S was struggling with getting out into the garden and had recently lost her husband, who was her main carer. Her daughter had stepped into the breach but was struggling with finance since becoming the main carer for S.

Outcomes

With support, an application was made for a Blue Badge and Bus Pass which will help S when she wants to leave the property. An application has been made for pension credit to enable S to have enough money to support her living at home and manage her finances without getting into debt. Information was also provided about Carers First to ensure there was no relationship breakdown in the caring role.

S's daughter had no income but advice and guidance has enabled her to submit claims for carers allowance so she will be able to afford to support her mother.

30 yr. old from Boston

M had been experiencing some problems with both physical and mental health, which caused M to have her Employment and Support Allowance (ESA) stopped; subsequently rent and council tax arrears had built up.

Outcomes

M was supported to get ESA reinstated without having to re-apply, by providing the Department of Work and Pensions with the necessary information. A budgeting plan was completed with M, to help avoid further debt problems arising in the future and M was then able to start paying her bills, avoiding further court action and preventing further deterioration in her mental health. Affordable payment plans for rent and council tax arrears were arranged and additional support was given from an allocated housing support officer, to provide ongoing support with rent and housing issues. The Wellbeing worker also arranged additional time and tutoring for M to complete her education course over the following months.

87 yr. old from Mablethorpe

M initially contacted Wellbeing for support with a benefits check. A Trusted Assessment was conducted which identified a range of further needs and support for the customer and her husband.

Outcomes

Following a benefits check, an application for benefits was completed by Age UK to increase the couple's income. M's Husband/carer uses oxygen at home, and a home safety check was arranged through Lincs Fire and Rescue, new smoke detectors

were fitted and evacuation advice given. The Fire service put a marker on the property, in case of an incident, to alert crews that a disabled person resided there. Advice and referral for a lifeline, including the Wellbeing Response Service, made the customer feel more confident and independent within their home. A referral to Carers First, for a carer's assessment and the development of an emergency care plan left M's husband feeling more at ease, knowing that if anything suddenly happened to him M would be looked after. Wellbeing Lincs were also able to provide information on Dementia. The couple were put in touch with a befriending service to help them get out into the community more. Finally, the couple expressed difficulty in putting their bins out, often missing collection days. An assisted bin collection was put in place so the customer was less likely to come to any harm from putting bins out.

65 yr. old from West Lindsey

P struggled with his mental health after losing both parents, who he had cared for over 15 years. P had multiple health issues of his own and requested help with sorting out his paperwork and help around the home. P was identified as being very isolated, he was using expensive chat rooms for company and P requested information about access to befriending services as an alternative.

Outcomes

P was supported to access bereavement counselling which he said helped him feel more motivated to get more on top of things around the home. Wellbeing put him in touch with the Red Cross who supported him with decluttering his home and accessing their befriending services. P was hoping to attend some community events in his area over the following weeks and was also signposted to a local organisation that was supporting him with organising his paperwork and correspondence.

30 yr. old from Boston

A referral was received from the Boston crisis team for Wellbeing Lincs to support C with debt and housing. C was street homeless, living in his van and suffering mental health difficulties. At the Trusted Assessment it was identified that C had no food or income and had lost a lot of weight as result of not eating and anxiety.

Outcomes

C was provided with initial food provisions and supported to access a local food bank and collect regular food parcels. Consistent support from a Wellbeing worker enabled C to re-engage with P3 street outreach who arranged a meeting and contacted a GP to get a sick note so benefit applications could be started. The department for ESA was contacted and a claim made on behalf of C (with C present) and support through to confirmation of an ESA award. With continuing support C was investigating a caravan pitch which would provide access to shower/toilet and laundry facilities.

Appendix B

Health and Wellbeing Board Update
Lincolnshire Wellbeing Service

Background

The Wellbeing Service (WBS) has recently been re-commissioned by Lincolnshire County Council (LCC) and successfully went live on 1 April 2018, under the branding of Wellbeing Lincs. The WBS is now delivered by a consortium of all seven District Councils, with East Lindsey District Council (ELDC) the contracted lead provider. The service continues to operate with a preventative focus, reducing and delaying the need of the local population for more costly Adult Care and Acute Hospital services.

LCC's contracted Telecare service is now delivered separately to the WBS by NRS Telecare. In addition, there remain a number of commercial telecare services locally and nationally, promoting customer choice.

The new service now delivers an enhanced generic support service which can be utilised for up to twelve weeks rather than the six in the old model, and a health and care in-reach and partnership function which will develop the service into key referral pathways. There is also a non-injury falls lifting service for customers of the Telecare Response Service, which service users make a weekly contribution to.

Progress to Date

Wellbeing Lincs is now fully mobilised with all key staff in post, its own website and Facebook page. The new service was formally launched at the Lincolnshire Show in June and was well received and supported.

Service Overview

The Wellbeing Service (WBS) is available to individuals aged 18 years and delivers a service to eligible residents throughout Lincolnshire. The service promotes independence and supports the trend towards independent living in an individual's own home through the delivery of community based support and facilitation within care and health settings.

The WBS consists of following six components:

- Trusted Assessment – by telephone triage and home visit
- Generic Support – providing up to a maximum of 12 weeks support based on the needs established in the assessment,
- Small Aids and Adaptations – installation of aids and adaptations that the service user purchases, based on their needs assessment,
- Resettlement – a resettlement service which meets individuals at home after a stay in hospital or care facility, ensuring needs are assessed and planned for upon returning home,

- Telecare Response – a 24 hour response service to telecare alerts where the individual registers and pays for the service, with the ability to provide falls assessment, lifting, and emergency personal care where required.
- Hospital and care in-reach – a promotion function to develop the referral pathway into urgent healthcare better.

All referrals made to LCC Customer Service Centre (CSC) are screened for eligibility, using the triggers below. Eligible individuals are referred into the ELDC Wellbeing Hub for a full assessment of need, using a telephone triaged model followed by a home visit.

The service aims to deliver positive outcomes for the individual across the following areas:

- Managing Money
- Participation
- Social Contact
- Physical Health
- Mental Health and Wellbeing
- Substance Misuse
- Independence
- Staying Safe

The key specific objectives for the WBS are:

- to provide a timely support service which enables and empowers people to live healthy independent lives;
- to reduce or delay escalation into more costly health and care services;
- to coordinate and simplify the process for a person to access the help required, when they need it, in order to remain safe and well in their home;
- to increase the number of people who are able to live independently with support and technology in their own home;
- to provide proactive, integrated, quality care delivered through multi-disciplinary working which has the potential to generate a reduction in attendances at A&E, emergency admissions, and length of stay in residential care; and
- to improve, or prevent the deterioration of, Service Users' health and wellbeing and overall quality of life.

Wellbeing Service Eligibility Criteria

The following criteria were developed using current evidence as predictors for future Adult Care and/or Acute Care needs. To be eligible for the WBS an individual must meet four or more of the following:

- Is over 65 years old
- Is unable to manage their long term health / medical condition
- Regularly visits the GP for the same medical condition or for non-medical reasons
- Has had an unplanned hospitalisation or A&E attendance in the last 90 days
- Has accessed social care services in the previous 12 months including: assessment, day care, home care, re-ablement or residential care services

- Has had a bereavement (spouse / partner) or divorce in the past 12 months
- Has had a fall in the past 3 months, either at home or away from the home
- Is unable to manoeuvre around the home safely
- Lacks social support and/or interaction with family, friends or carers, or feels isolated
- Feel stressed, depressed or anxious
- Is unable to sustain work, education, training or volunteering
- Is unable to manage money or is in considerable debt
- Has poor lifestyle management and behaviours which impact on their overall health and wellbeing.

Description of Each WBS Component

Referral and Triage

Wellbeing Hub staff carry out a short telephone triage within 24 hours to gather key information.

Trusted Assessment

A Trusted Assessor visits the customer in their home, within seven days of referral. Together, through a needs assessment, they develop a support plan. The Assessor addresses any urgent issues before passing the case to a Generic Support Officer.

Generic Support

Generic Support starts within 10 days of referral and lasts for up to 12 weeks, reviewed every 2 weeks. It combines direct support and support to access other agencies and services to achieve the customers' specific outcomes.

Small Aids and Minor Adaptations

Wellbeing Lincs provides small aids and adaptions to support independent living. Dedicated staff deliver / install equipment. NRS may deliver some items directly. Fees apply.

Telecare Response

Anyone living in Lincolnshire with Telecare equipment can apply to use the Wellbeing Response service. If they raise an alarm, a Wellbeing Responder can respond within 45 minutes where their family or other nominated responders are unable to attend. The service runs 24/7, 365 days a year and costs £2:50 per week. The Responder can make onward referrals to the Wellbeing Service, and to the GP after a fall.

Resettlement

The Resettlement Service (10am to 10pm daily) is triggered by hospital discharge teams. A Responder meets the patient at their home, settles them in and makes an onward referral to Wellbeing Lincs if necessary.

Hospital and Care In-reach:

Two In Reach Officers work with hospitals in and around Lincolnshire to help staff identify and refer those who are eligible for Wellbeing Lincs services. Support can start while they are still in hospital to help when they go home.

Partnerships and Networks:

Four Partnerships and Networks Officers work with District Councils and a wide range of statutory, voluntary and community organisations to help refer people to Wellbeing Lincs. Wellbeing Lincs also connects people with services and with groups and activities to keep them socially connected. The officers also work with partners to raise awareness and develop training to support wellbeing and prevent ill-health.

Outcomes

Referrals into the service are currently averaging 21 per day (based on a 5 day week) across the county. The service is achieving a high level of outcomes and user satisfaction with 95% of service users reporting positive improvements across their self-determined outcomes.

Over 270 different organisations have referred people into the service, including GP's, Adult Social Care, ULHT, District Councils, food banks, victim support, citizens advice, P3, and many third sector organisations. The in-reach and partnership team are embedded in neighbourhood teams and other partnerships, developing local intelligence and contacts to raise awareness of what Wellbeing Lincs can offer and enhancing the opportunities for generic support services within communities.

The spread of referrals across the county (below) shows that good access has been maintained in East Lindsey and North Kesteven where the service was previously delivered by the respective District Councils, but has increased in the 'new' areas to be covered by Wellbeing Lincs. All service trends continue to be mapped by an Insight Analyst to identify and target localities and populations who may benefit from additional activity to promote access to the service.

Table One: Wellbeing Service Referrals received spilt by district.

Referral District	ELDC	WLDC	CofL	Boston	NKDC	SKDC	SHDC
Average - Old Model	31%	9%	10%	6%	19%	15%	10%
April - August 2018	28%	12%	13%	7%	15%	14%	11%

Summary

The new delivery model for the WBS is now fully operational and is delivering a countywide service across a consortium of all seven District Councils.
Further information is available at:

www.wellbeinglincs.org

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Lincolnshire COUNTY COUNCIL Working for a better future

Policy and Scrutiny

Open Report on behalf of Derek Ward, Director of Public Health

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**28 November 2018**
Subject:	**Long Acting Reversible Contraception (LARC) and Emergency Hormonal Contraception (EHC) – Commissioning Options**

Summary:

This item invites the Adults and Community Wellbeing Scrutiny Committee to consider a report on the commissioning and procurement of Long Acting Reversible Contraception (LARC) and Emergency Hormonal Contraception (EHC), which is due to be considered by the Executive Councillor for Adult Care, Health and Children's Services between 3 and 7 December 2018. The views of the Scrutiny Committee will be reported to the Executive Councillor, as part of her consideration of this item.

Actions Required:

(1) To consider the attached report and to determine whether the Committee supports the recommendations to the Executive Councillor for Adult Care, Health and Children's Services set out in the report.

(2) To agree any additional comments to be passed to the Executive Councillor for Adult Care, Health and Children's Services in relation to this item.

1. Background

The Executive Councillor for Adult Care, Health and Children's Services is due to consider a report entitled Long Acting Reversible Contraception (LARC) and Emergency Hormonal Contraception (EHC) between 3 and 7 December 2018. The full report to the Executive is attached at Appendix 1 to this report.

2. Conclusion

Following consideration of the attached report, the Committee is requested to consider whether it supports the recommendations in the report and whether it

wishes to make any additional comments to the Executive Councillor. The Committee's views will be reported to the Executive Councillor.

3. Consultation

a) Policy Proofing Actions Required

Not applicable.

4. Appendices

These are listed below and attached at the back of the report	
Appendix 1	Report to the Executive Councillor – Long Acting Reversible Contraception (LARC) and Emergency Hormonal Contraception (EHC)

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Carl Miller, who can be contacted on 01522 553673 or carl.miller@lincolnshire.gov.uk.

Lincolnshire COUNTY COUNCIL Working for a better future

Executive Councillor

Open Report on behalf of Derek Ward, Director of Public Health	
Report to:	**Councillor Mrs P A Bradwell OBE, Executive Councillor for Adult Care, Health and Children's Services**
Date:	**03 - 07 December 2018**
Subject:	**Long Acting Reversible Contraception (LARC) and Emergency Hormonal Contraception (EHC) – Re-procurement of community provision**
Decision Reference:	**I016624**
Key decision?	**Yes**

Summary:

Women make up 51% of England's population. Of these 78.5% of women of childbearing age (16-44 years) at any one time will be heterosexually active and want to either prevent or achieve pregnancy. Contraception is therefore a day to day reality for the vast majority of women for most of their reproductive years. In addition women need to have support to prevent unwanted pregnancies from progressing[1].

Long acting reversible contraception (LARC) is an essential contraceptive tool which supports women to plan their pregnancies and prevent unwanted pregnancies from continuing. Both methodologies, sub dermal implants and intra uterine devices/systems, are safe and effective and especially useful in supporting women who might find compliance with oral contraceptive pill methods more challenging, due to the need for them to be regularly and reliably taken.

In Lincolnshire we currently provide LARC through a combination of contracts;

- Lincolnshire Integrated Sexual Health service (LISH). This is a County wide single provider block contract which provides a range of services, including LARC, EHC and pregnancy testing.
- 69 GP practice contracts. These are provided in addition to the LISH contract and provide broader geographical coverage in communities across the whole of Lincolnshire.

Emergency Hormonal Contraception (EHC) is an oral contraception that is a safe,

[1] *Source: DHSC's 'Annual Report of the Chief Medical Officer, 2014 – The Health of the 51%: Women' (2015)*

effective and low risk tool available to public health services to enable women to choose to prevent an unwanted or ambivalent pregnancy from developing. Supporting people to develop healthy relationships and prevent unplanned pregnancy is vital for enabling them to fulfil their aspirations and potential, and for their emotional wellbeing. Source: PHE and LGA's 'Teenage Pregnancy Prevention Framework'.

Young people's Emergency Hormonal Contraception (EHC) and pregnancy testing service are provided through contracts with pharmacies for young women aged 13-19. The Council has EHC contracts in place with 11 pharmacy organisations in Lincolnshire, covering up to 102 pharmacy branches.

Both LARC contracts with GPs and EHC/pregnancy testing contracts with Pharmacies are coming to an end on 31 March 2019 and have already been extended to their maximum duration. Therefore the Council needs to find an appropriate commissioning solution for the services from 1 April 2019.

Recommendation(s):

That the Executive Councillor:

1. Approves the commissioning of the services as follows:
   a) LARC – continue to utilise a combined approach, including both the LISH provider and separately contracting with a range of capable providers, to offer the Council assurance that there is sufficient capacity and access across the County.

   b) EHC – continue to utilise a combined approach, including both the LISH provider and separately contracting directly with a range of capable providers to offer the Council assurance that there is sufficient capacity and access across the County.

   c) Pregnancy Testing – Do not continue to commission pregnancy testing as part of EHC contracts with pharmacies.

2. Approves the re-procurement of LARC and EHC services using an Open Select List, separating the components and providers into the distinct services; with contracts to commence on 1 April 2019.

3. Delegates to the Director of Adult Social Services in consultation with the Executive Councillor for Adult Care, Health Services and Children's Services, the authority to determine the final form of the contracts, to approve the award of the contracts and entering into the contracts, and any other legal documentation necessary to give effect to the said contracts.

Alternatives Considered:

1. **Integrate all provision into the current LISH Contract**

The Council has a contract with Lincolnshire Community Health Services (LCHS) NHS Trust, to deliver Lincolnshire Integrated Sexual Health Services (LISH). The contract runs initially until 31 March 2021 with the option to extend by a maximum of a further 24 months. The contract contains express provision to enable creation of a single integrated sexual health service which includes provision of LARC, EHC and pregnancy testing by a contract variation

This opportunity has been explored with LCHS; however, due to lack of suitable clinical settings, it is likely that they will find it difficult to offer LARC provision across the Lincolnshire wide geographical area and that will impact upon accessibility. In order to maintain choice and accessibility, LCHS would be likely to need to sub-contract community provision, and there is some concern from both commissioner and provider that they do not have capacity to establish and manage these relationships effectively.

2. Decommission the Services

This option would cease the commissioning of GP and pharmacy commissioned LARC and EHC provision in Lincolnshire. With the exception of pregnancy testing, this option would not be recommended because good quality contraception services are mandatory to support women's health choices and reproductive management. They impact upon mental health and wellbeing, affect career progression and impact upon financial resources within families. Women should have access to a range of contraception options, locally to them, of which LARC provision is one of the most effective.

Reasons for Recommendation:

1. Recommission and procure community based LARC and EHC utilising the current service model

The current services are functioning well with no widely reported concerns. LARC provision is meeting its objectives and has good geographical coverage. Lincolnshire has high rates of use of LARC compared to other areas and is meeting demand. Whilst demand for EHC is low, it remains an important element for females to manage their reproductive lifecycle and should be widely accessible to prevent unwanted pregnancies from developing, and to maintain the reduction in teenage pregnancies and termination of pregnancies. It is anticipated that with improved marketing and promotion, awareness may improve and demand may increase by up to 15%.

2. Decommission community based pregnancy testing for young people.

The pregnancy testing service is no longer well utilised and is not appropriate for young people who place a high value on protecting their confidentiality and anonymity. Alternative free access is available via GP Practices and LISH clinics, and testing kits are also available over the counter for very low cost,

3. The alternatives considered have been deemed unsuitable in meeting the commissioning requirements of the Council.

4. The recommendation addresses and supports statutory requirements under the Health and Care Act (2012), which places specific duties on the county council to protect and promote health and reduce health inequalities, and to commission comprehensive integrated sexual health services appropriate to the needs of local people.

Background

1. The National Picture

1.1. The World Health Organisation defines sexual health as a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not just the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

1.2. In England, our definition of sexual health includes the provision of advice and services around contraception, sexually transmitted infections (STIs), HIV and termination of pregnancy.

1.3. Local Authorities are mandated by the Department of Health to provide integrated specialist sexual health services which include accessible, evidence based reproductive and sexual health services that meet national standards.

1.4. Most adults are sexually active, with recognition that whilst the legal age of consent to sexual activity in the UK is 16 years, surveys suggest that almost one in three young people will have had sexual intercourse by this age. Good sexual health matters to individuals and communities. Sexual health needs vary according to factors such as age, gender, sexuality and ethnicity. However, there are certain core needs common to everyone including high quality information and education enabling people to make informed responsible decisions, and access to high quality services, treatment and interventions.

1.5. Some of the consequences of poor sexual health include:

- unintended pregnancies and abortions;
- poor educational, social and economic opportunities for teenage mothers, young fathers and their children;
- pelvic inflammatory disease, which can cause ectopic pregnancies and infertility.

1.6. The Framework for sexual health improvement in England sets out the Government's ambitions for improving sexual health outcomes[2].

1.7. Findings from the national surveys of sexual attitudes and lifestyles (Natsal) show most young people become sexually active and start forming relationships between the ages of 16 and 24. Young people in these age groups have significantly higher rates of poor sexual health, including STIs and abortions than older people.

1.8. Unplanned pregnancy is a key public health indicator. The increasing intervals between first sex, cohabitation, and childbearing means that, on average, women in Britain spend about 30 years of their life needing to avert an unplanned pregnancy. Available evidence shows that unplanned pregnancies can have a negative effect on women and children's lives and result in poorer outcomes than those that are planned.

1.9. Healthcare professionals should, as a core principle:

- know the needs of individuals, communities and populations related to sexual health, reproductive health and HIV, as demonstrated in the Joint Health & Wellbeing Strategy and the chapter on Sexual Health;
- utilise the resources and the services available in the health and wellbeing system to promote good sexual and reproductive health. This has been planned within the sexual health portfolio in Lincolnshire to ensure a full range and equity of reproductive healthcare services are available at accessible locations.

1.10. Interventions at population level include:

- building an honest and open culture where everyone is able to make informed and responsible choices about relationships and sex to reduce the stigma associated with sexual health and HIV;
- raising awareness that prescribed contraception and STI and HIV treatment are provided free from prescription charge to reduce the risk of unwanted pregnancy and onward transmission of infection;
- ensuring that prevention is prioritised and people are motivated to practise safe sex, including using contraception and condoms.

1.11. Community health professionals and providers of specialist services can have an impact by:

- ensuring Local Authorities commission services for the full range of contraception, the testing and treatment of STIs and provision of condoms for the benefit of everyone in the community;
- ensuring easy access to sexual health advice, free condoms, and testing for HIV and other STIs for young people and other high risk groups in a range of accessible settings with condom distribution schemes.

[2] *https://www.gov.uk/government/publications/sexual-and-reproductive-health-and-hiv-applying-all-our-health (25/01/2018)*

1.12. Healthcare professionals can have an impact on an individual level by;

- providing information about the full range of contraceptive methods and promoting prompt access to the method that best suits their needs; see Sexwise, the FPA website https://sexwise.fpa.org.uk
- ensuring that women seeking an abortion have easy, quick and confidential access to services.

1.13. Ensuring that women and men achieve and maintain good health in their reproductive years is a public health challenge that impacts on future health for both themselves and their child. Consequently the localised delivery of Reproductive Healthcare and free access to contraception remains a core theme of Lincolnshire Integrated Sexual Health (LISH) services and community provision of LARC and EHC.

2. The Local Picture

2.1. In addition to the Lincolnshire Integrated Sexual Health Service (LISH), and to ensure a wide choice of locations for the full range of contraceptive services, LCC contracts with GP Practices to provide LARC (for all women of reproductive age) and with Pharmacies to provide oral emergency contraception and pregnancy testing for young women aged 13-19. Generic contraception is also provided by GPs under the General Medical Services (GMS) contract.

2.2. Whilst these services are available within LISH, at their 9 fixed clinic sites, and at Pop-Up and mobile clinics, a wider network of commissioned providers is considered necessary to provide sufficient capacity and accessibility across this rural county with its poor transport infrastructure.

2.3. In Lincolnshire the total of long acting reversible contraception (LARC) prescribed by GPs and LISH (excluding injections) was 60.1 per 1000 population in 2016, above national (46.4 per 1,000) and regional (53.3 per 1,000) levels. Of those total LARCs, 46.5 per 1,000 were prescribed by GPs and only 13.6 per 1,000 population were prescribed by the SRH service, both excluding injections. The injections rely on timely repeat visits/administration within the year and consequently have a higher failure rate than the other LARC methods. Furthermore injections are easily given thus do not require the resources and training that other LARC methods require and remain outside Local Authority contracts.

2.4. The percentage of women aged under 25 choosing LARC (excluding injections) as their main method of contraception at SRHS in Lincolnshire was 37.2% in 2016, significantly above national (20.6%) and regional (28.3%) levels. Furthermore the percentage of women aged 25 and over choosing LARC (excluding injections) as their main method of contraception at SRHS was 53%, also performing significantly above national (35.7%) and regional (42.4%) levels.

2.5. The total annual cost of LARC and EHC commissioned through GP and Pharmacy contracts in 2017/18 is £676,616 (£670,994.38 for LARC and £5,621.60 for EHC and pregnancy testing, including drug and device costs.)

3. Current LARC and EHC Provision under LISH Contract

3.1. Lincolnshire Community Health Services NHS Trust (LCHS) are the Council's contracted provider for Lincolnshire Integrated Sexual Health services (LISH). The provision of LARC, EHC and teenage pregnancy testing also form part of this service.

3.2. A summary of LARC volumes delivered by LCHS as part of the LISH contract is shown below.

LARC Completed by LCHS	**2016/17**	**2017/18**
Total number of Implants fitted	1150	1805
Implants Fitted, Under 18	143	196
Implants fitted, 18 years and over	1007	1609
Total number of implants removed	623	682
Total number of IUD/IUSs fitted	388	412
IUD/IUSs, fitted, under 18s	9	11
IUD/IUSs, fitted, 18 years and over	379	401
Total number of IUD/IUSs removed	387	425

3.3. Data suggests that numbers of LARC completed by LCHS under their contract is increasing, both for IUD/IUS and implant provision. However, the majority of LARC is provided by GP Practices. LISH also provide pregnancy testing and EHC however due to coding difficulties it has been difficult to provide a breakdown of this information.

3.4. A breakdown of LARC and EHC costs within the LISH contract is not available as it forms a part of their block payment for the contract as a whole.

3.5. In October 2017, the LISH contract was varied to introduce enhanced services for young people. This was a consequence of the decision by LCC to develop a new 0-19 Children's Service model. It has allowed LCHS to develop young people's sexual health services through the one stop shop offer and LISH is now accredited with the 'You're Welcome' standard. This is a set of criteria to ensure that clinical health settings are welcoming to young people. LCHS provide universal clinics that are inclusive to the needs of young people, with an average of 300 young people, aged 13-19 years, booking and attending appointments each month since October 2017. Specific young people's clinics have also been rolled out in areas identified as having higher rates of teenage pregnancy and STIs compared to national benchmarks.

3.6. Digital technology is being explored to provide easy access to the service and self-test kits are available on line and at various sites in the County.

4. GP Services

4.1. In the period 1 April 2017 – 31 March 2018, in Lincolnshire;

- 2197 IUCD/IUS were fitted in Lincolnshire by GP surgeries
- 2741 implants were fitted and 2731 implants were removed by GP surgeries.

4.2. Current spend on LARC by GPs

The annual cost of the service in 2016/17 and 2017/18 was as follows;

Service	**Cost in 2016/17**	**Cost in 2017/18**
IUCD/IUS Service by GPs	£174,312.00	£177,309.00
Implant Fittings by GPs	£78,052.00	£71,266.00
Implant Removals by GPs	£81,816.32	£75,767.40
LARC Expenditure to CCGs (Device Costs)	£371,974.09	£346,651.98
Total	**£706,154.41**	**£670,994.38**

4.3. Device costs are currently paid via reimbursement through the CCG. There are a range of devices on the market and LCC do not specify products to be used, this is at the discretion of the practitioner.

4.4. GP LARC Income

GP Service	***Average Income per GP Practice per annum (£ in 2017/18)***
IUCD/IUS Fittings/Removals Service	*£2,686.50*
Implants Fittings Service	*£1,018.09*
Implants Removals Service	*£1,082.39*

The average income per GP practice per annum is very limited and it is generally perceived that many GP practices only continue to deliver the arrangements to provide a comprehensive service to their patients rather then it being a significant income stream.

4.5. LCC currently pay GPs £81 for the fittings, insertion and management of IUCD/IUS's. LCC currently pay £26 per implant fitting and £31.18 for implant removals.

5. LARC Provision Comparative Breakdown

5.1. The below data, shows a comparison of the number of IUD/IUSs and implants fitted by GP practices and LISH. Please note that GP practices use both GP and nurses for LARC provision. GPs are only paid a single amount per fitting and removal of IUD/IUS therefore we only have data from fittings.

Data	LISH 2017/18	GP Practices 2017/18	Total	% completed by LCHS in 2017/18	% completed by GPs in 2017/18
Total number of Implants fitted	1805	2741	4546	39.7	60.3
Total number of implants removed	682	2731	3413	20.0	80.0
Total number of IUD/IUSs fitted	412	2197	2609	15.8	84.2

The above table indicates that the majority of IUD/IUSs (84%) are fitted and removed by GP practices, with the remainder (16%) fitted and removed by LCHS.

5.2. In 2017/18 60% of implants were fitted by GPs and 40% by LCHS. Data suggests that the number of implants fitted by LCHS increased from 1150 in 2016/17 to 1805 in 2017/18. Implant removals by LCHS are proportionality much lower than implants. This may be because the contract only started 2.5 years ago and implants can last up to 3 years or because users are opting to have an implant fitted by LCHS then access their local GP service for removal. If this is the case, many women choose a local provision for LARC and this would support the case for the maintenance of a wider network of commissioned providers.

6. Pharmacy EHC and Pregnancy Testing

6.1. EHC and pregnancy testing are provided for women aged 13-19 years of age, at up to 102 pharmacies in Lincolnshire. In 2017/18 there were 274 EHC consultations and Levonelle was issued 258 times by pharmacies. Service levels for young people's pregnancy testing are very low, and only 13 tests were completed in 2017/18.

Service	Cost in 2016/17	Cost in 2017/18
EHC Consultation Cost	£5,055.00	£4,110.00
EHC Drug Levonelle (Levonorgestrel) cost	£1,627.60	£1,342.60
Pregnancy Testing Cost	£455.00	£169.00
Total	**£7,137.60**	**£5,621.60**

6.2. Barriers to young people accessing pregnancy testing in pharmacies have been explored by LCC Young Inspectors and they include embarrassment and lack of confidentiality, sometimes the right member of staff is unavailable and some pharmacies do not have toilets for the young person to use, which delays the process. As pregnancy tests are commonly available at a low cost of £1.00 each from many shopping outlets, most young people prefer to purchase their own supply for reasons of convenience, accessibility, privacy and affordability. The original reason this service was introduced was due to a high number of young people seeking late abortions, however that trend has changed.

6.3. LCC pay pharmacies £15 per EHC consultation and £5.20 per drug cost (Levonorgestral), where appropriate. LCC pay pharmacies £13 per pregnancy test consultation, to include the cost of the test.

7. Commercial Approach

7.1. Market Analysis and Engagement

7.1.1 The market for LARC services is largely restricted to primary care organisations, in particular NHS GP practices. This is because a level of clinical training is required in order to meet the FSRH minimum standards. In addition clinical settings are required with specific equipment in terms of a specialist chair for LARC SDIs and a couch for IUDs/IUSs, alongside oxygen and CPR skills and equipment.

7.1.1. It would also be difficult, although not impossible, for larger private, non NHS organisations to provide the local community based LARC service across the wide geographical area for a relative limited financial benefit. Finding suitable clinical premises in Lincolnshire to provide equitable access is difficult, as experienced with other services.

7.1.2. GPs have been consulted, through the Lincolnshire Medical Committee (LMC). The view was that GPs do want to continue offering LARC to their patients. However some reservations were expressed, in particular around the costs and time involved in maintaining competency. They would prefer a local training scheme - however the FSRH have stated they do not recognise these as they are too variable. There was also a view that this activity could be undertaken by Practice Nurses who have the appropriate training and competency.

7.1.3. In relation to EHC, again the market is largely restricted, in this case to pharmacy organisations. This is due to a requirement for a patient group directive (PGD), which is necessary in order to prescribe EHC. Although not impossible for larger private organisations to tender, providing the service across the wide geographical area, for limited financial benefit (based on demand) is unlikely to be attractive.

7.2. Proposed Contract Scope and Structure

7.2.1. The aim of both LARC and EHC contracts will be to have multiple providers offering maximum geographical coverage to ensure that women can access the services close to their location.

7.2.2. The core service aim will be to deliver high quality LARC and EHC provision to the local eligible population. The Service Provider will be required to work in collaboration with the Council and NHS services to ensure an effective and quality service is promoted and maintained.

7.2.3. In order to achieve this, an Open Select List will be established for each of the LARC and EHC service requirements. This is a flexible framework approach which ensures that the market can remain dynamic by periodically giving new providers to opportunity to join. This will help to ensure that the market remains sustainable in the long term, and enable the Council to ensure that all providers are suitably qualified based on consistent application of LCC requirements and policies.

7.4. Payment and Performance Management

7.4.1. An affordable service that meets the Council's obligations in carrying its duties is essential.

7.4.2. A 'pay per patient' model will be used for both services. This has proved effective in the current service contracts and remains a cost effective solution due to the unpredictable demand in any given location and relatively small amounts of service provision per provider.

7.4.3. A review of payment amounts is ongoing, but benchmarking suggests that the current rates are acceptable to the market and in line with other Local Authority costs. It is likely therefore that they will remain unchanged initially. However new contracts will contain a price review mechanism to enable the Council to ensure the rates remain sustainable for the market throughout the contract term.

7.4.4. Additionally, in order to address the concerns of some practices about the costs of maintaining accreditation, a local competency scheme is in development which should reduce costs for reaccreditation for LARC sub dermal implants. An alternative lower cost solution for GP practices is to have their practice nurses trained to insert sub dermal implants.

7.4.5. A clear governance, reporting and monitoring structure will be incorporated that will allow for efficient contract management of provision.

7.5. Contract Commencement and Duration

7.5.1. The current contracts will finish on 31 March 2019, and have reached their maximum duration. The new contracts will start on 1 April 2019.

7.5.2. The proposed contract term is three years with options to extend by up to a further two years (3+1+1). This will provide a good level of continuity from perspective. Contracts will also incorporate break points to enable further review of the scope of services and potential future alignment with wider integrated sexual health services.

7.6. Tender process

7.6.1. The Procurement will be undertaken in accordance with regulations 74 to 76 of the Public Contract Regulations 2015 under "Light Touch Regime" utilising an Open Procedure method.

7.6.2. The Invitation to Tender (ITT) evaluation will focus on service quality and the capability of the provider. The Invitation to Tender Document will include the following:

- A specification that is clear in scope, interpretation and expectations
- Full terms and conditions
- Appropriate award and evaluation criteria
- A realistic, appropriate and robust performance management framework

8. Procurement implications

8.1. Under the Public Contracts Regulations (PCR) 2015 activities relating to health and social care are generally dealt with under a 'Light Touch Regime' (LTR) which conforms to the general principles of the EU Procurement Directive but does not impose any strict procedural requirements. Training services are also captured under this regime.

8.2. While this regime allows for a much greater degree of flexibility as well as unique exceptions it does not mean the Council is free to award contracts without any regard to competition

8.3. The threshold at which LTR contracts must be formally competed for is procurements is €750,000 (or approximately £640,000.)

8.4. The total annual cost of LARC and EHC commissioned through GP and Pharmacy contracts in 2017/18 is £676,616 (£670,994.38 for LARC and £5,621.60 for EHC and pregnancy testing, including drug and device costs.), and over the maximum proposed 5 year term of the new contracts will total £3,383,080

8.5. It is the intention to issue an OJEU Notice for publication and a Contract Award Notice will be issued on any award to successful bidders.

8.6. In carrying out this procurement the Council will ensure the process utilised complies fully with the EU Treaty Principles of Openness, Fairness, Transparency and Non-discrimination. The procurement process shall conform to all information as published and set out in the OJEU Notice.

8.7. All time limits imposed on bidders in the process for responding to the Invitation to Tender will be reasonable and proportionate.

9. Legal Issues

9.1. Equality Act 2010

Under section 149 of the Equality Act 2010, the Council must, in the exercise of its functions, have due regard to the need to:

* Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act

* Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it

* Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation

Having due regard to the need to advance equality of opportunity involves having due regard, in particular, to the need to:

* Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic

* Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it

* Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to tackle prejudice, and promote understanding

Compliance with the duties in section 149 may involve treating some persons more favourably than others

The duty cannot be delegated and must be discharged by the decision-maker. To discharge the statutory duty the decision-maker must analyse all the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is

identified consideration must be given to measures to avoid that impact as part of the decision making process

The key purpose of the LARC service is to ensure that women have access to this safe and low risk tool for managing their sexual health needs. The key purpose of the EHC service is to provide young women with local and timely access to emergency hormonal contraception to prevent unwanted pregnancies and prevent abortions.

To discharge the statutory duty the Executive Councillor must consider the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is identified consideration must be given to measures to avoid that impact as part of the decision making process.

Equality Impact Assessments for LARC and EHC have been completed and copies are appended to this report at **Appendix A and B respectively**. The assessment concludes that there will be no adverse impact on individuals with protected characteristics as a result of the re-procurement. The recommissioned service will remain open to all groups regardless of protected characteristic.

9.2. Joint Strategic Needs Analysis (JSNA and the Joint Health and Wellbeing Strategy (JHWS)

The Council must have regard to the Joint Strategic Needs Assessment (JSNA) and the Joint Health & Well Being Strategy (JHWS) in coming to a decision

The proposals relate to the Sexual and Reproductive Healthcare JSNA sections on LARC and EHC which look at the evidence base for providing these services as part of an integrated offer to Lincolnshire residents. The JSNA discusses the need for sustainable and accessible contraceptive services.

Links with the 2018 JHWS objectives include embedding prevention across all pathways across health and care. The principal use of LARC and EHC is to support women to manage their reproductive lifecycle to prevent unwanted pregnancy. Safeguarding is a cross cutting theme and the service specifications for LARC and EHC include awareness of safeguarding and using Fraser Guidelines.

9.3. Crime and Disorder

Under section 17 of the Crime and Disorder Act 1998, the Council must exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment), the misuse of drugs, alcohol and other substances in its area and re-offending in its area

This service likely to have no positive or negative effect on crime and disorder.

10. Conclusion

10.1. An effective community based LARC and EHC service are part of the integrated reproductive healthcare and sexual health service in Lincolnshire and play a significant role in reducing the burden on the overall healthcare system. By providing support to reduce unwanted pregnancies it will help to support women to make effective contraceptive choices.

10.2. The conclusion of the current contracts means a procurement process needs to commence in 2018. The focus of the procurement will be to establish a LARC and EHC service offering countywide coverage so women can access the service as close to home as possible.

Legal Comments:

The Council has the power to enter into the contracts proposed. The decision is consistent with the policy framework and within the remit of the Executive Councillor.

Resource Comments:

This report seeks to present the case for the continued provision of the Long Acting Reversible Contraception (LARC) and Emergency Hormonal Contraception (EHC) services and the withdrawal of the Pregnancy Testing service as part of the EHC contracts with pharmacies. The total annual cost of LARC and EHC commissioned through GP and Pharmacy contracts in 2017/18 is £676,616 and I can confirm that the Council has sufficient budget to fund the service. I can also confirm that current commissioning intentions and delegated approvals recommended within this report meet the criteria set out in the Councils published financial procedures.

Consultation

Has the Local Member been Consulted?

n/a

Has the Executive Councillor been Consulted?

Yes

Scrutiny Comments

This report will be considered by the Adults and Community Wellbeing Scrutiny Committee on 28 November 2018 and the Committee's comments will be passed on to the Executive Councillor.

Has a Risks and Impact Analysis been carried out?

Yes

Risks and Impact Analysis

See Appendix A and B

Appendices

These are listed below and attached at the back of the report;	
Appendix A	Equality Impact Assessment – LARC
Appendix B	Equality Impact Assessment – EHC

Background Papers

Document title	Where the document can be viewed
Publications referred to in the report	Public Health Division

This report was written by Carl Miller/Carol Skye, who can be contacted on 01522 553673 or 01522 552909

Equality Impact Analysis to enable informed decisions

The purpose of this document is to:-

I. help decision makers fulfil their duties under the Equality Act 2010 and
II. for you to evidence the positive and adverse impacts of the proposed change on people with protected characteristics and ways to mitigate or eliminate any adverse impacts.

Using this form

This form must be updated and reviewed as your evidence on a proposal for a project/service change/policy/commissioning of a service or decommissioning of a service evolves taking into account any consultation feedback, significant changes to the proposals and data to support impacts of proposed changes. The key findings of the most up to date version of the Equality Impact Analysis must be explained in the report to the decision maker and the Equality Impact Analysis must be attached to the decision making report.

****Please make sure you read the information below so that you understand what is required under the Equality Act 2010****

Equality Act 2010

The Equality Act 2010 applies to both our workforce and our customers. Under the Equality Act 2010, decision makers are under a personal duty, to have due (that is proportionate) regard to the need to protect and promote the interests of persons with protected characteristics.

Protected characteristics

The protected characteristics under the Act are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

Section 149 of the Equality Act 2010

Section 149 requires a public authority to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by/or under the Act
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not share those characteristics
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The purpose of Section 149 is to get decision makers to consider the impact their decisions may or will have on those with protected characteristics and by evidencing the impacts on people with protected characteristics decision makers should be able to demonstrate 'due regard'.

Decision makers duty under the Act
Having had careful regard to the Equality Impact Analysis, and also the consultation responses, decision makers are under a personal duty to have due regard to the need to protect and promote the interests of persons with protected characteristics (see above) and to:-

(i) consider and analyse how the decision is likely to affect those with protected characteristics, in practical terms,
(ii) remove any unlawful discrimination, harassment, victimisation and other prohibited conduct,
(iii) consider whether practical steps should be taken to mitigate or avoid any adverse consequences that the decision is likely to have, for persons with protected characteristics and, indeed, to consider whether the decision should not be taken at all, in the interests of persons with protected characteristics,
(iv) consider whether steps should be taken to advance equality, foster good relations and generally promote the interests of persons with protected characteristics, either by varying the recommended decision or by taking some other decision.

Conducting an Impact Analysis

The Equality Impact Analysis is a process to identify the impact or likely impact a project, proposed service change, commissioning, decommissioning or policy will have on people with protected characteristics listed above. It should be considered at the beginning of the decision making process.

The Lead Officer responsibility
This is the person writing the report for the decision maker. It is the responsibility of the Lead Officer to make sure that the Equality Impact Analysis is robust and proportionate to the decision being taken.

Summary of findings
You must provide a clear and concise summary of the key findings of this Equality Impact Analysis in the decision making report and attach this Equality Impact Analysis to the report.

Impact – definition

An impact is an intentional or unintentional lasting consequence or significant change to people's lives brought about by an action or series of actions.

How much detail to include?
The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this asking simple questions “Who might be affected by this decision?” "Which protected characteristics might be affected?" and “How might they be affected?” will help you consider the extent to which you already have evidence, information and data, and where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.
You must consider both obvious and any less obvious impacts. Engaging with people with the protected characteristics will help you to identify less obvious impacts as these groups share their perspectives with you.

A given proposal may have a positive impact on one or more protected characteristics and have an adverse impact on others. You must capture these differences in this form to help decision makers to arrive at a view as to where the balance of advantage or disadvantage lies. If an adverse impact is unavoidable then it must be clearly justified and recorded as such, with an explanation as to why no steps can be taken to avoid the impact. Consequences must be included.

Proposals for more than one option If more than one option is being proposed you must ensure that the Equality Impact Analysis covers all options. Depending on the circumstances, it may be more appropriate to complete an Equality Impact Analysis for each option.

The information you provide in this form must be sufficient to allow the decision maker to fulfil their role as above. You must include the latest version of the Equality Impact Analysis with the report to the decision maker. Please be aware that the information in this form must be able to stand up to legal challenge.

Background Information

Title of the policy / project / service being considered	Recommissioning of LARC Provision (Long Acting Reversible Contraception)	**Person / people completing analysis**	Linda Turnbull and Carol Skye
Service Area	Public Health	**Lead Officer**	TBC
Who is the decision maker?	TBC	**How was the Equality Impact Analysis undertaken?**	Desktop exercise
Date of meeting when decision will be made	Click here to enter a date.	**Version control**	V0.1
Is this proposed change to an existing policy/service/project or is it new?	Existing policy/service/project	**LCC directly delivered, commissioned, re-commissioned or de-commissioned?**	Re-commissioned
Describe the proposed change	Long Acting Reversible Contraception (LARC) services are currently commissioned by LCC to GP surgeries and through Lincolnshire Integrated Sexual Health Services (LISH). A review of LARC services has been completed and the recommendations are to recommission LARC in a similar way to which they are currently commissioned. LARC is recognised as a safe and effective form of contraception. Once LARC devices are inserted a woman has a greatly reduced chance of becoming pregnant, especially as it lasts for a long period of time. Unlikely other forms of contraception, such as the contraception pill, implants and IUCD/IUSs do not rely on the user remembering to the take the pill on a daily basis and is one of the reasons why it is considered to be one of the most effective forms of contraception. It remains an important element for females to manage their reproductive lifecycle and should be widely accessible to prevent unwanted pregnancies developing. .		

Evidencing the impacts

In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics.
To help you do this first consider the impacts the proposed changes may have on people without protected characteristics before then considering the impacts the proposed changes may have on people with protected characteristics.

You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify please state 'No perceived benefit' under the relevant protected characteristic. You can add sub categories under the protected characteristics to make clear the impacts. For example under Age you may have considered the impact on 0-5 year olds or people aged 65 and over, under Race you may have considered Eastern European migrants, under Sex you may have considered specific impacts on men.

Data to support impacts of proposed changes

When considering the equality impact of a decision it is important to know who the people are that will be affected by any change.

Population data and the Joint Strategic Needs Assessment

The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. Visit the LRO website and its population theme page by following this link: http://www.research-lincs.org.uk If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.

Workforce profiles

You can obtain information by many of the protected characteristics for the Council's workforce and comparisons with the labour market on the Council's website. As of 1st April 2015, managers can obtain workforce profile data by the protected characteristics for their specific areas using Agresso.

Positive impacts
The proposed change may have the following positive impacts on persons with protected characteristics – If no positive impact, please state *'no positive impact'.*

Age	The service is open to all women regardless of their age. There is no upper age on the service. Practitioners will follow Fraser guidelines when women aged under 16 request LARC services. Fraser guidelines specifically relate to contraception and sexual health services and giving treatment to those under 16 without parental consent. When women aged under 13 years of age request LARC provision, consideration will be given to the requirement for a referral to child protection services and Lincolnshire child protection policies and procedures will be followed as appropriate. This is to ensure safety and protection for all users. However this consideration does not necessarily mean that the user cannot receive LARC provision if deemed appropriate, as there is no lower age limit for Fraser Guidelines. When it comes to sexual health, those under 13 are not legally able to consent to any sexual activity, and therefore any information that such a person was sexually active would need to be acted upon to safeguard the young person.
Disability	The service is open to all females regardless of their disability. Unlikely other forms of contraception, such as the contraception pill, implants and IUCD/IUSs do not rely on the user remembering to the take the pill on a daily basis and is one of the reasons why it is considered to be one of the most effective forms of contraception. We have no data on the disability of the users currently accessing the services. This is due to the service being confidential. The current provider of LARC services are GP surgeries and LISH, who will hold their own data on protected characteristics. Providers are likely to have their own internal policies and procedures to ensure that their services do not discriminate against any protected characteristics. The services are currently provided by GP surgeries and LISH. There are over 80 GP surgeries in Lincolnshire and nine LISH clinic sites ensuring that most people have one readily available in their local community and in places that should be easily accessible for disabled people.
Gender reassignment	The services are open to all users, regardless of their gender reassignment. We have no data on the gender reassignment of the users currently accessing the services. This is due to the service being confidential. The current provider of LARC services are GP surgeries and LISH, who will hold their own data on protected characteristics. Providers are likely to have their own internal policies and procedures to ensure that their services do not discriminate against any protected characteristics.

Marriage and civil partnership	The service is open to all women, regardless of their marriage or civil partnership status. Women are not asked to disclose their marriage or civil partnership status before access to the services. We have no data on the marriage or civil partnership status of the users currently accessing the services. This is due to the service being confidential. The current provider of LARC services are GP surgeries and LISH, who will hold their own data on protected characteristics. Providers are likely to have their own internal policies and procedures to ensure that their services do not discriminate against any protected characteristics.
Pregnancy and maternity	The service aims to offer women as much choice and flexibility in the contraception choices as possible. Following the recommissioning of the services LARC provision will likely be offered in a wide range of locations in Lincolnshire, including both these new contracts and also the current Lincolnshire Integrated Sexual Health Services (LISH) contract. In addition LISH is now offering clinics in the new Maternity Hubs. The service is working with the Maternity Transformation Team to improve access and support women who are either pregnant or postnatal, requiring advice on sexual and reproductive health. This means that women have maximum possible choice and flexibility in services that enable them to make informed choices about contraception services.
Race	The service is open to all females, regardless of their race. We have no data on the race of the users currently accessing the services. This is due to the service being confidential. The current provider of LARC services are GP surgeries and LISH, who will hold their own data on protected characteristics. Providers are likely to have their own internal policies and procedures to ensure that their services do not discriminate against any protected characteristics.
Religion or belief	The service is open to all females, regardless of their religion or belief. We have no data on the religion or belief of the users currently accessing the services. This is due to the service being confidential. The current provider of LARC services are GP surgeries and LISH, who will hold their own data on protected characteristics. Providers are likely to have their own internal policies and procedures to ensure that their services do not discriminate against any protected characteristics. As the service is currently available from both GP surgeries and also LISH, which offers clinics in nine locations in Lincolnshire, the re-tender aims to ensure a similar geographical coverage. This enables women to be able to access LARC services from a choice of locations including those which are currently not well known. For example, some women, due to their beliefs and culture, may not wish to access provision where they may be recognised and may prefer to use a service that is not within their immediate community.

Sex	LARC provision is not appropriate to be given to the male population. It is will be available for free for all females from a wide range of locations in Lincolnshire. Male contraception, condoms, are available for free from GPs and LISH and through the C-card scheme for young people aged 13-19. The C-card scheme provides free condoms and sexual health information to young people in youth groups, pharmacies, GP surgeries and other community settings such as some libraries.
Sexual orientation	The service is open to all females regardless of their sexual orientation. We have no data on the sexual orientation of the users currently accessing the services. This is due to the service being confidential. The current provider of LARC services are GP surgeries and LISH, who will hold their own data on protected characteristics. Providers are likely to have their own internal policies and procedures to ensure that their services do not discriminate against any protected characteristics.

If you have identified positive impacts for other groups not specifically covered by the protected characteristics in the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.
As Lincolnshire is a predominantly rural county with poor transport infrastructure the new service will enhance the LISH offer and provide accessibility across Lincolnshire. This aims to support lower income groups and those who have limited access to a car. The services are currently provided by GP surgeries and LISH. There are over 80 GP surgeries in Lincolnshire and nine LISH clinic sites ensuring that most people have one readily available in their local community and in places that should be easily accessible for disabled people

Adverse/negative impacts
You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is justified; eliminated; minimised or counter balanced by other measures.
If there are no adverse impacts that you can identify please state 'No perceived adverse impact' under the relevant protected characteristic.

Negative impacts of the proposed change and practical steps to mitigate or avoid any adverse consequences on people with protected characteristics are detailed below. If you have not identified any mitigating action to reduce an adverse impact please state *'No mitigating action identified'*.

Age	No perceived adverse impact.
Disability	No perceived adverse impact.
Gender reassignment	No perceived adverse impact.
Marriage and civil partnership	No perceived adverse impact.
Pregnancy and maternity	It is recommended to decommission pharmacy commissioned pregnancy testing services. Service levels for the service are very low. Barriers to young people accessing pregnancy testing in pharmacies have been explored by LCC Young Inspectors and they include embarrassment and lack of confidentiality, sometimes the right member of staff is unavailable and some pharmacies do not have toilets for the young person to use, which delays the process. As pregnancy tests are commonly available at a low cost of £1.00 each from many shopping outlets, most young people prefer to purchase their

	own supply for reasons of convenience, accessibility, privacy and affordability. The original reason this service was introduced was due to a high number of young people seeking late abortions, however that trend has changed. Alternative free access to pregnancy testing is available via GP Practices and LISH services. It is not anticipated that the decommissioning of pharmacy based pregnancy testing services will have any impact on teenage pregnancy rates in Lincolnshire.
Race	No perceived adverse impact. .
Religion or belief	No perceived adverse impact.
Sex	No perceived adverse impact.
Sexual orientation	No perceived adverse impact.

If you have identified negative impacts for other groups not specifically covered by the protected characteristics under the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

Stakeholders

Stake holders are people or groups who may be directly affected (primary stakeholders) and indirectly affected (secondary stakeholders)

You must evidence here who you involved in gathering your evidence about benefits, adverse impacts and practical steps to mitigate or avoid any adverse consequences. You must be confident that any engagement was meaningful. The Community engagement team can help you to do this and you can contact them at consultation@lincolnshire.gov.uk

State clearly what (if any) consultation or engagement activity took place by stating who you involved when compiling this EIA under the protected characteristics. Include organisations you invited and organisations who attended, the date(s) they were involved and method of involvement i.e. Equality Impact Analysis workshop/email/telephone conversation/meeting/consultation. State clearly the objectives of the EIA consultation and findings from the EIA consultation under each of the protected characteristics. If you have not covered any of the protected characteristics please state the reasons why they were not consulted/engaged.

Objective(s) of the EIA consultation/engagement activity
This EIA was undertaken as a desktop exercise by Carol Skye and Linda Turnbull. Limited data on the protected characteristics are available for the reasons outlines above. It is not appropriate to undertake a consultation or engagement exercise with people accessing LARC services. The service is confidential and previous attempts to complete focus groups for sexual health services have been very difficult to complete. Mainly because of women reluctance to want to openly discuss these services.

Who was involved in the EIA consultation/engagement activity? Detail any findings identified by the protected characteristic

Age	N/A
Disability	N/A
Gender reassignment	N/A
Marriage and civil partnership	N/A
Pregnancy and maternity	N/A
Race	N/A
Religion or belief	N/A

Sex	N/A
Sexual orientation	N/A
Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way? The purpose is to make sure you have got the perspective of all the protected characteristics.	Yes
Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?	The impact and benefits of the service will be monitored through contract management processes.

Further Details

Are you handling personal data?	No If yes, please give details.

Actions required Include any actions identified in this analysis for on-going monitoring of impacts.	**Action**	**Lead officer**	**Timescale**
	None		

Version	Description	Created/amended by	Date created/amended	Approved by	Date approved
0.1	First Draft	Linda Turnbull	17/10/2018	TBC	TBC

Examples of a Description:
'Version issued as part of procurement documentation'
'Issued following discussion with community groups'
'Issued following requirement for a service change; Issued following discussion with supplier'

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Equality Impact Analysis to enable informed decisions

The purpose of this document is to:-

I. help decision makers fulfil their duties under the Equality Act 2010 and
II. for you to evidence the positive and adverse impacts of the proposed change on people with protected characteristics and ways to mitigate or eliminate any adverse impacts.

Using this form

This form must be updated and reviewed as your evidence on a proposal for a project/service change/policy/commissioning of a service or decommissioning of a service evolves taking into account any consultation feedback, significant changes to the proposals and data to support impacts of proposed changes. The key findings of the most up to date version of the Equality Impact Analysis must be explained in the report to the decision maker and the Equality Impact Analysis must be attached to the decision making report.

****Please make sure you read the information below so that you understand what is required under the Equality Act 2010****

Equality Act 2010

The Equality Act 2010 applies to both our workforce and our customers. Under the Equality Act 2010, decision makers are under a personal duty, to have due (that is proportionate) regard to the need to protect and promote the interests of persons with protected characteristics.

Protected characteristics

The protected characteristics under the Act are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

Section 149 of the Equality Act 2010

Section 149 requires a public authority to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by/or under the Act
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not share those characteristics
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The purpose of Section 149 is to get decision makers to consider the impact their decisions may or will have on those with protected characteristics and by evidencing the impacts on people with protected characteristics decision makers should be able to demonstrate 'due regard'.

Decision makers duty under the Act
Having had careful regard to the Equality Impact Analysis, and also the consultation responses, decision makers are under a personal duty to have due regard to the need to protect and promote the interests of persons with protected characteristics (see above) and to:-

(i) consider and analyse how the decision is likely to affect those with protected characteristics, in practical terms,
(ii) remove any unlawful discrimination, harassment, victimisation and other prohibited conduct,
(iii) consider whether practical steps should be taken to mitigate or avoid any adverse consequences that the decision is likely to have, for persons with protected characteristics and, indeed, to consider whether the decision should not be taken at all, in the interests of persons with protected characteristics,
(iv) consider whether steps should be taken to advance equality, foster good relations and generally promote the interests of persons with protected characteristics, either by varying the recommended decision or by taking some other decision.

Conducting an Impact Analysis

The Equality Impact Analysis is a process to identify the impact or likely impact a project, proposed service change, commissioning, decommissioning or policy will have on people with protected characteristics listed above. It should be considered at the beginning of the decision making process.

The Lead Officer responsibility
This is the person writing the report for the decision maker. It is the responsibility of the Lead Officer to make sure that the Equality Impact Analysis is robust and proportionate to the decision being taken.

Summary of findings
You must provide a clear and concise summary of the key findings of this Equality Impact Analysis in the decision making report and attach this Equality Impact Analysis to the report.

Impact – definition

An impact is an intentional or unintentional lasting consequence or significant change to people's lives brought about by an action or series of actions.

How much detail to include?
The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this asking simple questions “Who might be affected by this decision?” "Which protected characteristics might be affected?" and “How might they be affected?” will help you consider the extent to which you already have evidence, information and data, and where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.
You must consider both obvious and any less obvious impacts. Engaging with people with the protected characteristics will help you to identify less obvious impacts as these groups share their perspectives with you.

A given proposal may have a positive impact on one or more protected characteristics and have an adverse impact on others. You must capture these differences in this form to help decision makers to arrive at a view as to where the balance of advantage or disadvantage lies. If an adverse impact is unavoidable then it must be clearly justified and recorded as such, with an explanation as to why no steps can be taken to avoid the impact. Consequences must be included.

Proposals for more than one option If more than one option is being proposed you must ensure that the Equality Impact Analysis covers all options. Depending on the circumstances, it may be more appropriate to complete an Equality Impact Analysis for each option.

The information you provide in this form must be sufficient to allow the decision maker to fulfil their role as above. You must include the latest version of the Equality Impact Analysis with the report to the decision maker. Please be aware that the information in this form must be able to stand up to legal challenge.

Background Information

Title of the policy / project / service being considered	Emergency Hormonal Contraception (EHC) reprocurement and young people's pregnancy testing services.	**Person / people completing analysis**	Linda Turnbull and Carol Skye
Service Area	Public Health	**Lead Officer**	TBC
Who is the decision maker?	TBC	**How was the Equality Impact Analysis undertaken?**	Desktop exercise
Date of meeting when decision will be made	Click here to enter a date.	**Version control**	V0.1
Is this proposed change to an existing policy/service/project or is it new?	Existing policy/service/project	**LCC directly delivered, commissioned, re-commissioned or de-commissioned?**	Re-commissioned
Describe the proposed change	A review of Emergency Hormonal Contraception (EHC) and Pregnancy testing has been completed. The recommendations are to recommission EHC, in a similar way to which they are currently commissioned. EHC remains an important element for females to manage their reproductive lifecycle and should be widely accessible to prevent unwanted pregnancies developing and to maintain the reduction in teenage pregnancies and termination of pregnancies. It is recommended to decommission pharmacy commissioned pregnancy testing services. Service levels for the service are extremely low with only 13 tests conducted across Lincolnshire over the last year. Barriers to young people accessing pregnancy testing in pharmacies have been explored by LCC Young Inspectors and they include embarrassment and lack of confidentiality, sometimes the right member of staff is unavailable and some pharmacies do not have toilets for the young person to use, which delays the process. As pregnancy tests are commonly available at a low cost of £1.00 each from many shopping outlets, most young people prefer to purchase their own supply for reasons of convenience, accessibility, privacy and affordability. The original reason this service was introduced was due to a high number of young people seeking late abortions, however that trend has changed. Alternative free access to pregnancy testing is available via GP Practices and LISH services. .		

Evidencing the impacts

In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics.
To help you do this first consider the impacts the proposed changes may have on people without protected characteristics before then considering the impacts the proposed changes may have on people with protected characteristics.

You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify please state 'No perceived benefit' under the relevant protected characteristic. You can add sub categories under the protected characteristics to make clear the impacts. For example under Age you may have considered the impact on 0-5 year olds or people aged 65 and over, under Race you may have considered Eastern European migrants, under Sex you may have considered specific impacts on men.

Data to support impacts of proposed changes

When considering the equality impact of a decision it is important to know who the people are that will be affected by any change.

Population data and the Joint Strategic Needs Assessment

The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. Visit the LRO website and its population theme page by following this link: http://www.research-lincs.org.uk If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.

Workforce profiles

You can obtain information by many of the protected characteristics for the Council's workforce and comparisons with the labour market on the Council's website. As of 1st April 2015, managers can obtain workforce profile data by the protected characteristics for their specific areas using Agresso.

Positive impacts
The proposed change may have the following positive impacts on persons with protected characteristics – If no positive impact, please state *'no positive impact'.*

Age	The EHC service is currently offered to females aged 13-19 (25 SEND) years only. The new commissioned service will also only be available to the same age group. This age group has been prioritised in order to target young women who may be at risk of teenage pregnancy and to reduce and maintain low levels of teenage pregnancy and abortion rates in young people. This is an additional service for this high priority group, because they are considered more vulnerable than those women of other age groups.
Disability	The service is open to all females aged 13-19 (25 SEND) regardless of their disability. We have no data on the disability of the users currently accessing the services. This is due to the service being confidential. The current providers of EHC services are pharmacists who hold some limited payment related data, but it is unlikely to broken down by all protected characteristics. Provider pharmacists are likely to have their own internal policies and procedures to ensure that their services do not discriminate against any protected characteristics. The services are currently commissioned to pharmacies that are situated in over 100 locations in Lincolnshire ensuring that most people have access readily available in their local community and in places that should be easily accessible for disabled people. Many, for example pharmacies in supermarkets, have facilities such as disabled car parking, lifts, which make accessing EHC easier for disabled people.
Gender reassignment	The services are open to all transgender users, aged between 13-19 (25 SEND) where their female reproductive abilities are viable. We have no data on the gender reassignment of the users currently accessing the services. This is due to the service being confidential. The current provider of EHC services are pharmacists who hold some limited data, but it is unlikely to broken down by all protected characteristics. Provider pharmacists are likely to have their own internal policies and procedures to ensure that their services do not discriminate against any protected characteristics.

Marriage and civil partnership	The service is open to all women aged 13-19 (25 SEND), regardless of their marriage or civil partnership status. We have no data on the marriage/civil partnership status of the users currently accessing the services. This is due to the service being confidential. The current provider of EHC services are pharmacists who hold some limited payment related data, but it is unlikely to broken down by all protected characteristics. Provider pharmacists are likely to have their own internal policies and procedures to ensure that their services do not discriminate against any protected characteristics.
Pregnancy and maternity	The service aims to support women's choices regarding pregnancy. Locally available EHC services enable young women to make quick and prompt decisions regarding their individual circumstances. Many pharmacies are open weekends and evenings. This ensures that there is not a delay in accessing these services for women.
Race	The service is open to all females aged 13-19 (25 SEND), regardless of their race. We have no data on the race of the users currently accessing the services. This is due to the service being confidential. The current providers of EHC services are pharmacists who hold some limited payment related data, but it is unlikely to broken down by all protected characteristics. Provider pharmacists are likely to have their own internal policies and procedures to ensure that their services do not discriminate against any protected characteristics.
Religion or belief	The service is open to all females aged 13-19 (25 SEND), regardless of their religion or belief. We have no data on the religion or beliefs of the users currently accessing the services. This is due to the service being confidential. The current providers of EHC services are pharmacists who hold some limited payment related data, but it is unlikely to broken down by all protected characteristics. Provider pharmacists are likely to have their own internal policies and procedures to ensure that their services do not discriminate against any protected characteristics. As the service is currently available from pharmacists, this is available from a wide range of locations in Lincolnshire. The re-tender aims to ensure a similar geographical coverage. In addition, services are available from GPs and LISH provision, this enables women to be able to access services from services from which they are currently not well known. For example, some women may not wish to access provision where they may not be recognised and a service that is not within their immediate community.

Sex	EHC is not appropriate to be given to the male population. It is available to all females via pharmacies and free of charge to those women aged 13-19 (25 SEND). Male contraception, condoms, are available for free from GPs and Lincolnshire Integrated Sexual Health (LISH) and available through the C-Card scheme for young people. The C-card scheme provides free condoms and sexual health information to young people in a variety of community based organisations such as youth centres, pharmacies, GP surgeries and libraries.
Sexual orientation	The service is open to all females aged 13-19 (25 SEND) regardless of their sexual orientation. We have no data on the sexual orientation of the users currently accessing the services. This is due to the service being confidential. The current provider of EHC services are pharmacists who hold some limited payment related data, but it is unlikely to broken down by all protected characteristics. Provider pharmacists are likely to have their own internal policies and procedures to ensure that their services do not discriminate against any protected characteristics.

If you have identified positive impacts for other groups not specifically covered by the protected characteristics in the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.
None

Adverse/negative impacts
You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is justified; eliminated; minimised or counter balanced by other measures.
If there are no adverse impacts that you can identify please state 'No perceived adverse impact' under the relevant protected characteristic.

Negative impacts of the proposed change and practical steps to mitigate or avoid any adverse consequences on people with protected characteristics are detailed below. If you have not identified any mitigating action to reduce an adverse impact please state *'No mitigating action identified'*.

Age	The EHC service is currently offered to females aged 13-19 (25 SEND) years only. The new commissioned service will also only be available to the same age group. This age group has been prioritised in order to target young women who may be at risk of teenage pregnancy and to reduce and maintain low levels of teenage pregnancy and abortion rates in young people. Women aged over 19 years of age will continue to be able to buy EHC over the counter from pharmacists as required or services are available through GP's. Although there is a cost to this service for women aged over 19, some women will be able to access free prescriptions, due to their personal circumstances such as accessing certain benefits. Women aged under 13 presenting with a need for EHC services would usually have a referral to child protection service by the practitioners as per Lincolnshire's policy and procedures. However, this would not prevent a delay in the prescription of EHC by the practitioner where considered appropriate with parental consent. Although there is no lower age limit for Fraser guidelines it is rarely appropriate or safe for a girl aged under 13 to consent to treatment without a parents involvement, and hence the consideration of child protection procedures. (Fraser guidelines specifically relate to contraception and sexual health services and giving treatment to those under 16 without parental consent).
Disability	No perceived adverse impact.

Gender reassignment	No perceived adverse impact.
Marriage and civil partnership	No perceived adverse impact.
Pregnancy and maternity	It is recommended to decommission pharmacy pregnancy testing services. Service levels are extremely low with only 13 tests requested over the last year. Barriers to young people accessing pregnancy testing in pharmacies have been explored by LCC Young Inspectors and they include embarrassment and lack of confidentiality, sometimes the right member of staff is unavailable and some pharmacies do not have toilets for the young person to use, which delays the process. As pregnancy tests are commonly available at a low cost of £1.00 each from many shopping outlets, most young people prefer to purchase their own supply for reasons of convenience, accessibility, privacy and affordability. The original reason this service was introduced was due to a high number of young people seeking late abortions, however that trend has changed. Alternative free access to pregnancy testing is available via GP Practices and LISH services. It is not anticipated that the decommissioning of pharmacy based pregnancy testing services will have any impact on teenage pregnancy rates in Lincolnshire.
Race	No perceived adverse impact.
Religion or belief	No perceived adverse impact.
Sex	No perceived adverse impact. The service is not applicable to the male population.

Sexual orientation	No perceived adverse impact.

If you have identified negative impacts for other groups not specifically covered by the protected characteristics under the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

Stakeholders

Stake holders are people or groups who may be directly affected (primary stakeholders) and indirectly affected (secondary stakeholders)

You must evidence here who you involved in gathering your evidence about benefits, adverse impacts and practical steps to mitigate or avoid any adverse consequences. You must be confident that any engagement was meaningful. The Community engagement team can help you to do this and you can contact them at consultation@lincolnshire.gov.uk

State clearly what (if any) consultation or engagement activity took place by stating who you involved when compiling this EIA under the protected characteristics. Include organisations you invited and organisations who attended, the date(s) they were involved and method of involvement i.e. Equality Impact Analysis workshop/email/telephone conversation/meeting/consultation. State clearly the objectives of the EIA consultation and findings from the EIA consultation under each of the protected characteristics. If you have not covered any of the protected characteristics please state the reasons why they were not consulted/engaged.

Objective(s) of the EIA consultation/engagement activity
This EIA was undertaken as a desktop exercise by Carol Skye and Linda Turnbull. Limited data on the protected characteristics are available for the reasons outlines above. It is not appropriate to undertake a consultation or engagement exercise with young people who have accessed EHC. The service is confidential and as such it would not be deemed appropriate to contact them following a pharmacy EHC consultation.

Who was involved in the EIA consultation/engagement activity? Detail any findings identified by the protected characteristic

Age	N/A
Disability	N/A
Gender reassignment	N/A
Marriage and civil partnership	N/A
Pregnancy and maternity	N/A
Race	N/A
Religion or belief	N/A

Sex	N/A
Sexual orientation	N/A
Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way? The purpose is to make sure you have got the perspective of all the protected characteristics.	Yes
Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?	The impact and benefits of the service will be monitored through contract management processes.

Further Details

Are you handling personal data?	No If yes, please give details.

Actions required Include any actions identified in this analysis for on-going monitoring of impacts.	**Action**	**Lead officer**	**Timescale**
	None		

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Policy and Scrutiny

Open Report on behalf of Glen Garrod, Executive Director of Adult Care and Community Wellbeing	
Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**28 November 2018**
Subject:	**Adult Care and Community Wellbeing Performance Report - Quarter 2 2018/19**

Summary:

This report presents performance against Council Business Plan targets for the Directorate as at the end of Quarter 2 2018/19.

A summary of performance against target for the year has been provided in Appendix A of this report.

A full analysis of each indicator over the year has been provided in Appendix B of this report.

Actions Required:

The Committee is requested to consider and comment on the performance of Adult Care & Community Wellbeing for Quarter 2.

1. Background

The report includes an overview of performance for a suite of measures designed to best reflect the impact of the work of Adult Care and Community Wellbeing (AC & CW) across the five commissioning strategies:

- Community Wellbeing
- Safeguarding Adults
- Specialist Adult Services
- Carers, and
- Adult Frailty & Long Term Conditions.

As in previous performance reports to the Committee, a one-page summary has been provided as **Appendix A** to this report – this shows at a glance the status against target for each measure. For a selection of measures, there is a time delay in reporting, so the latest available figures have been included and marked clearly the period they relate to.

More detail, including indicator definitions and commentary on current performance from strategy owners is provided in **Appendix B**. For consistency and comparability, the council business plan measures have been largely based on Adult Social Care statutory datasets, which enables the council to benchmark performance with other local authorities. The datasets for 2017/18 have recently been published by NHS Digital and will be included for consideration in Appendix B in Quarter 3.

Overall, 19 out of the total of 26 measures in AC & CW are exceeding or achieving the agreed targets at the mid-point in the year; three measures are reported annually in Quarter 4 following the Adult Social Care and Carers Surveys, which are conducted towards the end of the financial year; one measure in the Safeguarding Adults strategy is under review, so no data has been provided.

Reporting by exception, the targets for two measures within the Community Wellbeing Strategy have not been achieved. These relate to successful alcohol dependency treatments and smoking cessation. Both measures are reported by commissioned providers through their contract monitoring, and reporting has a three month time lag. The latest figures available for both measures relate to Quarter 1.

The drug treatment service for alcohol users is relatively small and continues to work at maximum capacity. As a consequence, performance is likely to remain below the target 40% level for successful treatments for the remainder of the year.

A dip in the number of successful four week smoking quitters compared to the previous year can be attributed to a more targeted approach by the provider, Quit 51, to tackle the most hardened smokers, specifically pregnant smokers, smokers with mental health issues or smokers with other long term conditions. Despite the reduced number of people supported to quit, the success rate in Lincolnshire remains consistent with the national average at just below 50%.

The only other target in AC & CW not to be achieved is in the Specialist Adult Services strategy and relates to the proportion of reviews completed for people aged 18 to 64 with a mental health condition. These clients are supported by the Lincolnshire Partnership Foundation Trust (LPFT); a responsibility that is delegated to them by Lincolnshire County Council under a section 75 agreement. The Trust has given assurance that the target will be met by the end of Quarter 4, with a plan in place to increase review capacity through recruitment and agency cover, and weekly team monitoring.

2. Conclusion

The Adults and Community Wellbeing Scrutiny Committee is requested to consider and comment on the report and the Council Business Plan information shown in Appendix A.

3. Consultation

a) Have Risks and Impact Analysis been carried out??

No

b) Risks and Impact Analysis

N/A

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Q2 Adult Care & Community Wellbeing Performance Summary
Appendix B	Q2 Adult Care & Community Wellbeing Full Performance Analysis

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Katy Thomas, who can be contacted on 01522 550645 or katy.thomas@lincolnshire.gov.uk.

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2018/19 Quarter 2 - Adult Care & Community Wellbeing Overview

		2017/18	2018/19				
		Actual	Q2 or as stated	Target	Forecast	Trend vs. 2017/18	CBP Alert Tolerance: +/- 5% pts
Community Wellbeing							
31	% of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months **PHOF 2.15iii**	36%	**35%** Jun-18	40%		↓	Not achieved
33	% of people aged 40 to 74 offered and received an NHS health check **PHOF 2.22iv**	60%	**61%** Jun-18	55%		↑	Exceeds
34	Chlamydia diagnoses per 100,000 15-24 year old **PHOF 3.02**	2,232	**2,247** Mar-18	2,045		↑	Exceeds
109	Number of Health and Social Care staff trained in Making Every Contact Count (MECC)	1,258	**399**	350	798	↓	Exceeds
110	Older people supported by the Wellbeing Service to improve their outcomes	96%	**93%** Jun-18	95%		↓	Achieved
111	People successfully supported to stop smoking	2,300	**524** Jun-18	800	2,096	↓	Not Achieved
112	People accessing Housing related support that are successfully supported to access and maintain their settled accomodation	-	**98%**	90%		-	Achieved
113	Percentage of emergency & urgent deliveries & collections completed on time within ICES	-	**99%**	98%		-	Achieved
Safeguarding Adults							
28	% of concluded safeguarding enquiries where the person at risk lacks capacity where support was provided by an advocate, family or friend	100%	**100%**	100%	-	↔	Achieved
114	% of safeguarding enquiries where the 'Source of Risk' is a service provider - i.e. social care support **SAC SG3d**		not available	31%		-	n/a
116	Concluded enquiries where the desired outcomes were fully or partially achieved		**93%**	95%		-	Achieved
Specialist Adult Services							
49	% of adults with a learning disability (or autism) who live in their own home or with their family **ASCOF 1G**	77%	**76%**	79%		↓	Achieved
117	% of adults in contact with secondary mental health services living independently, with or without support **ASCOF 1H**	71%	**79%**	75%		↑	Achieved
51	% of adults receiving long term social care support in the community that receive a direct payment (learning disability and mental health)	52%	**49%**	48%		↓	Achieved
118	% of adults with a learning disability in receipt of long term support who have been reviewed in the period	91%	**51%**	48%	100%	↑	Achieved
119	% of adults aged 18 to 64 with a mental health need in receipt of long term support who have been reviewed in the period	78%	**37%**	48%	74%	↓	Not achieved
Carers							
56	% of carers who have been included or consulted in discussions about the person they care for **ASCOF 3C** **SURVEY MEASURE**	58%	-	71%	Annual measure: Reported in Q4		n/a
59	Number of carers (caring for Adults) supported in the last 12 months - above expressed as a rate per 100,000 population (18 to 64)	9,875 1,662	**10,238** **1,678**	10,550 1,730	-	↑	Achieved
120	Carers who reported they had as much social contact as they would like **SURVEY MEASURE**	33%	-	35%	Annual measure: Reported in Q4		n/a
121	Carers who have received a review of their needs in the last 12 months	92%	**87%**	85%		↓	Achieved
Adult Frailty & Long Term Conditions							
60	Permanent admissions to residential and nursing care homes, aged 65+ **ASCOF 2A(ii) numerator** **Better Care Fund**	1,020	**383**	575	766	↑	Exceeds
63	% of clients in receipt of long term support who receive a direct payment **ASCOF 1C (2a)**	35%	**32%**	40%		↓	Not achieved
65	% of people in receipt of long term support who have been reviewed in the period	86%	**54%**	45%	100%	↑	Exceeds
122	% of requests for support for new clients, where the outcome was no support or support of a lower level	93%	**96%**	93%		↓	Exceeds
123	People who report that services help them have control over their daily life **SURVEY MEASURE**	92%	-	95%	Annual measure: Reported in Q4		n/a
124	% of people with a concluded episode of reablement who subsequently require no ongoing support or support of a lower level **ASCOF 2D**	78%	**94%**	95%		↑	Achieved

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Health and Wellbeing is improved

Enhance the quality of life for people with care and support needs

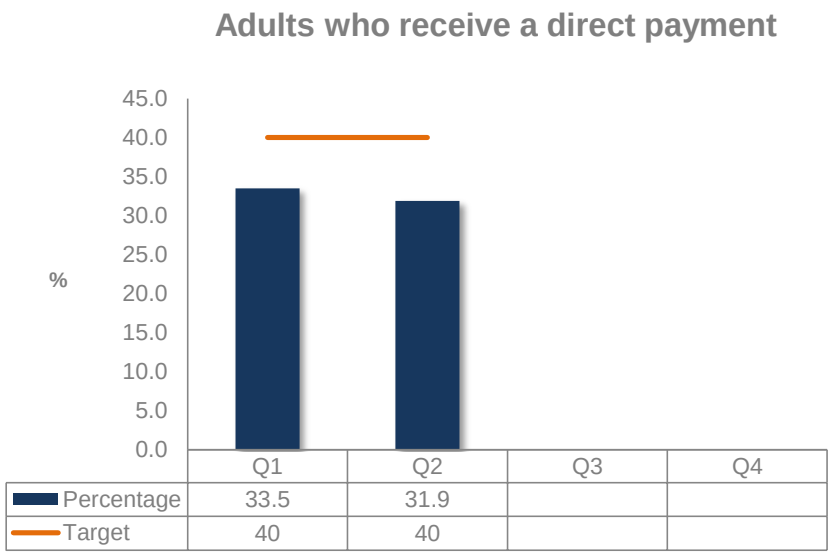
Adults who receive a direct payment

This measure reflects the proportion of people using services who receive a direct payment.
Numerator: Number of users receiving direct or part direct payments.
Denominator: Number of adults aged 18 or over accessing long term support on the last day of the period.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
This measure is reported as a snapshot in time so for example Q2 is performance as at 30th September.
A higher percentage of adults that receive a direct payment indicates a better performance.

Not achieved

31.9
%
Quarter 2 September 2018

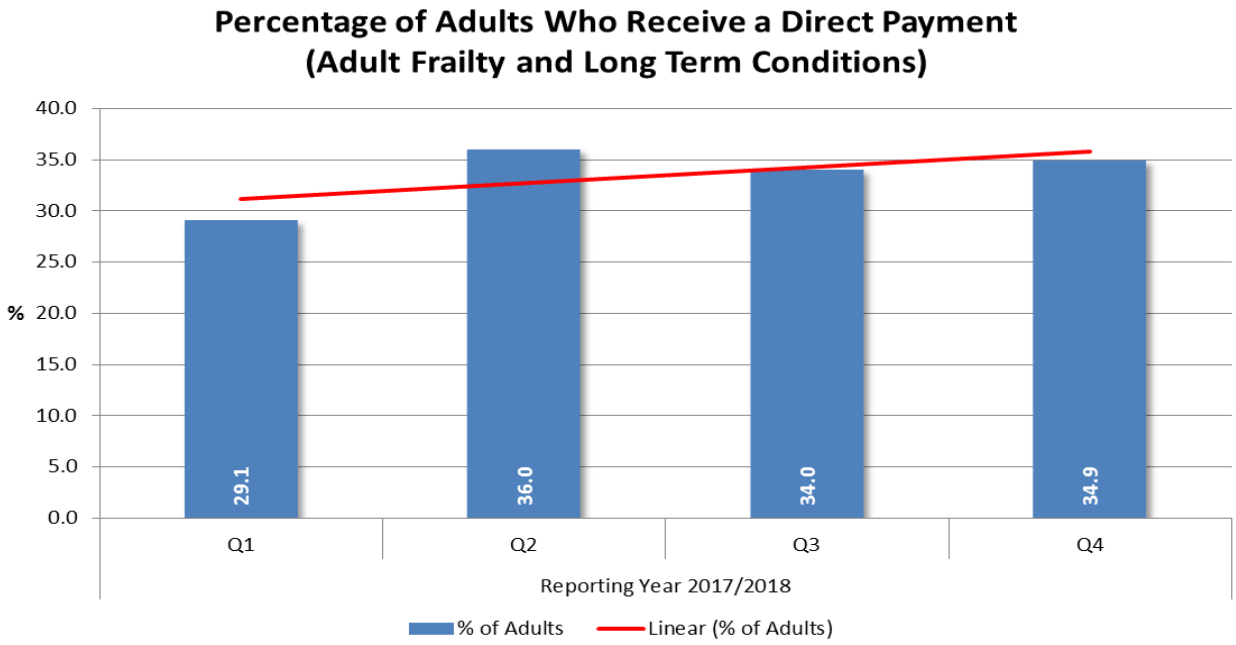
40
%
Target for September 2018



About the latest performance

The target for this measure has not been achieved and this is due to process and recording issues which have delayed a number of direct payment services from being recorded on Mosaic in a timely way. This is being explored currently and should be resolved in Quarter 3.

Further details



About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking. Based on our performance from 2017/18 we have set a revised target of 40% for the 2018/19 reporting year.

About the target range

This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities. The most recent benchmarking data will be published by NHS Digital in late summer 2018 and will be added when it becomes available.

Lincolnshire COUNTY COUNCIL Working for a better future

Health and Wellbeing is improved

Delay and reduce the need for care and support

Permanent admissions to residential and nursing care homes aged 65+

The number of Lincolnshire County Council funded/part funded permanent admissions of older people, aged 65+, to residential and nursing care during the year.
This is a Adult Social Care Outcomes Framework (ASCOF) 2a part 2 and reported in the Better Care Fund (BCF).
A smaller number of people permanently admitted to residential and nursing homes indicates a better performance.

Achieved

383

People

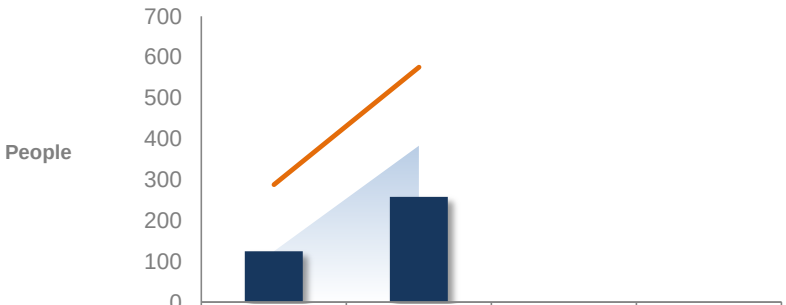
Cumulative Actual as at September 2018

575

People

Cumulative Target as at September 2018

Permanent admissions to residential and nursing care homes aged 65+

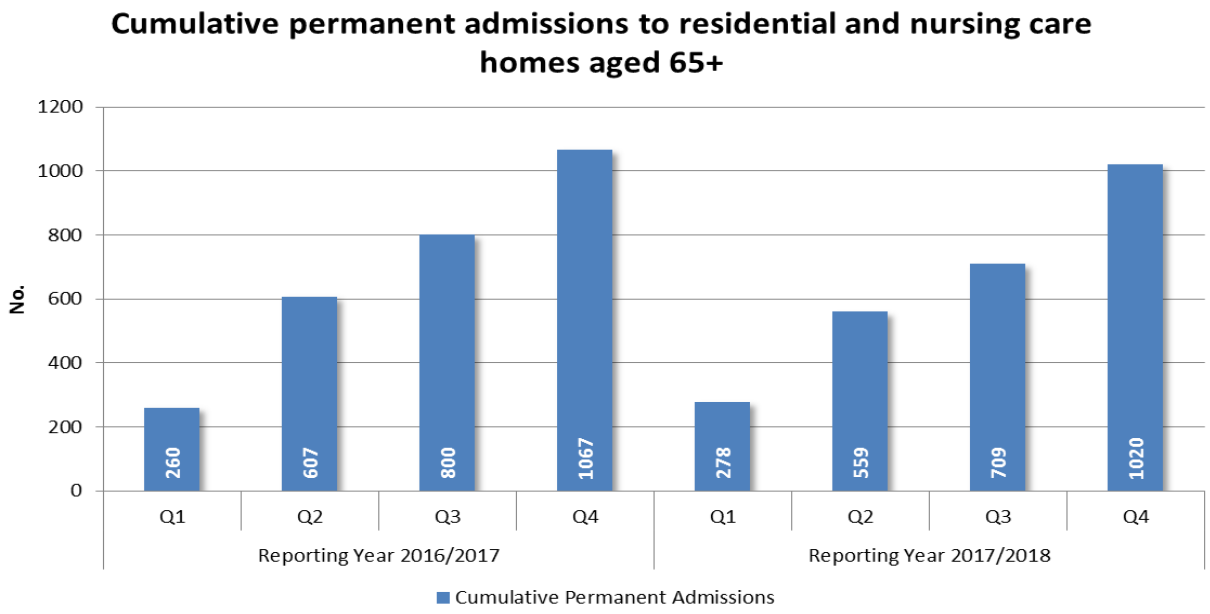


	Q1	Q2	Q3	Q4
Cumulative total	125	383		
People	125	258		
Target	288	575		

About the latest performance

Compared to the previous years, the number of new admissions in the first half of the year is much lower than expected, and is exceeding the target by 192 (fewer) admissions. 3 out of 4 admissions are for brand new clients, which is typical.

Further details



About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

About the target range

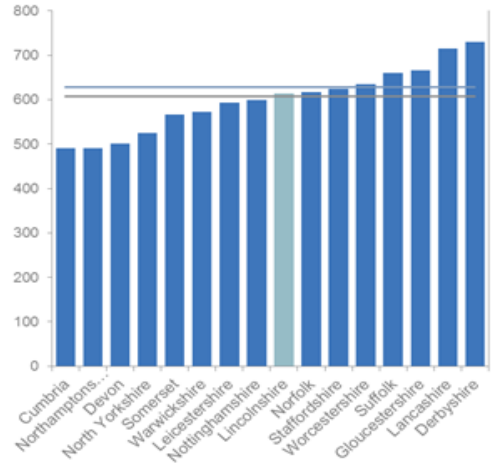
This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities. The most recent benchmarking data will be published by NHS Digital in late summer 2018 and will be added when it becomes available.

Permanent admissions to residential and nursing care homes aged 65+ CIPFA Comparators 2015/16

CIPFA	*Numerator	*Denominator	***Outcome
Cumbria	566	115,218	491.2
Northamptonshire	615	125,194	491.2
Devon	949	189,568	500.6
North Yorkshire	737	140,375	525.0
Somerset	724	127,932	565.9
Warwickshire	644	112,433	572.8
Leicestershire	792	133,433	593.6
Nottinghamshire	966	161,381	598.6
Lincolnshire	1,029	167,671	613.7
Norfolk	1,289	209,110	616.4
Staffordshire	1,121	179,411	624.8
Worcestershire	795	125,193	635.0
Suffolk	1,099	166,358	660.6
Gloucestershire	844	126,844	665.4
Lancashire	1,697	237,437	714.7
Derbyshire	1,189	162,714	730.7
CIPFA Average	15,056	2,480,272	607.0
England Average	61,010	9,711,572	628.2



*The number of council-supported older adults (aged 65 and over) whose long-term support needs were met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
**Size of the older adult population (aged 65 and over) in the area
***Number of council-supported older adults (aged 65 and over) whose long-term support needs were met by admission to residential and nursing care homes, per 100,000 population

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

Delay and reduce the need for care and support

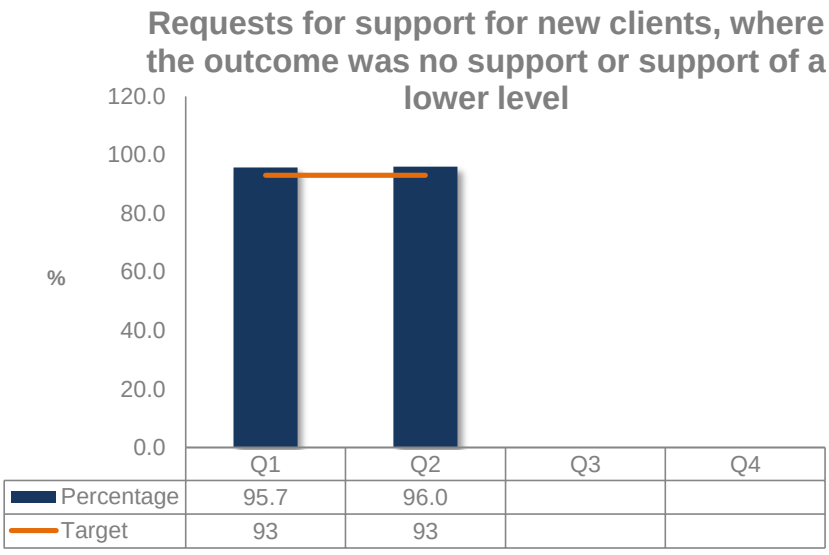
Requests for support for new clients, where the outcome was no support or support of a lower level

For all distinct requests for support from new clients aged 65 or over, the proportion where the outcome to the request was no support or support of a lower level. New clients are defined as people who were not receiving long term funded support at the time of the request. This is another demand management measure which monitors the number / proportion of people who approach the council and are signposted away from more intensive support. This measure will come directly from the SALT requests table for people aged 65+ (STS001 table 2), and as such is underpinned by statutory guidance for recording and reporting. A higher percentage indicates a better performance.

Achieved

96.0
%
Quarter 2 September 2018

93
%
Target for September 2018



About the latest performance

This is new measure which monitors the percentage of people who approach the council and are signposted away from more intensive support. The target for quarter 1 has been exceeded with an outturn of 96% against a 93% target and demonstrates customers are being signposted to alternative solutions before paid services.

Further details

This is a new measure to the 2018-2020 Council Business Plan therefore historical information is not available.

About the target

The target for this measure has been set to 93% which will maintain our current level of performance.

About the target range

A target range for this measure is set at +/- 2 percentage points - the tolerance level is lower than other measures because any more than a 2% adverse variance from the target would equate to several hundred extra people accessing intensive services.

About benchmarking

Benchmarking is available for all councils from the SALT return at the end of the summer each year and will be added when it becomes available.

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

Delay and reduce the need for care and support

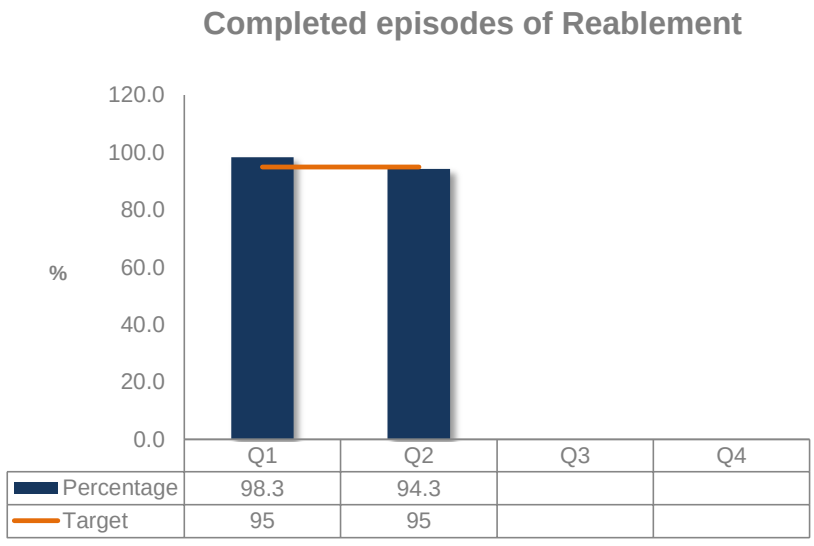
Completed episodes of Reablement

Reablement is an early intervention for vulnerable people to help them restore their independence, accessed before a formal assessment of need. This is a key part of demand management for Adult Care and Community Wellbeing. Positive outcomes for those people who use the service are a good measure of the effectiveness of the intervention and help to delay or reduce the need for longer term funded support from the authority. The measure is the annual ASCOF 2D measure, so is underpinned by national guidance for recording and reporting. A higher percentage of completed episodes of Reablement indicates a better performance.
Numerator: Of the episodes in the denominator, the number where the outcome to Reablement was: "Ongoing Low Level Support" or "Short Term Support (Other)" or "No Services Provided - Universal Services/Signposted to Other Services" or "No Services Provided - No identified needs".
Denominator: Number of new clients who had completed an episode of short-term support to maximise independence (aka Reablement) in the period. (SALT STS002a)

Achieved

94.3
%
Quarter 2 September 2018

95
%
Target for September 2018



About the latest performance

The performance for this new measure is within the target tolerance for Quarter 2.' Allied' is the provider that delivers the Reablement service on behalf of Lincolnshire County Council; they continue to work closely with Adult Care and health colleagues to facilitate timely discharge from hospitals across the area. The performance achieved demonstrates the skills of the team to reable service users to their full potential.

Further details

This is a new measure to the 2018-2020 Council Business Plan therefore historical information is not available.

About the target

The target for this measure has been set to 95%, based on CIPFA comparator averages. Our aim is to maintain this level of performance.

About the target range

The target range for this measure is set at +/- 5 percentage points.

About benchmarking

Since this measure is an ASCOF measure, benchmarking is available each year in the Summer. Based on 16/17 data, Lincolnshire is the best performing authority in its CIPFA comparator group, reporting 98% in that year. The most recent benchmarking data will be published by NHS Digital in late summer 2018 and will be added when it becomes available.

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

Ensure that people have a positive experience of care and support

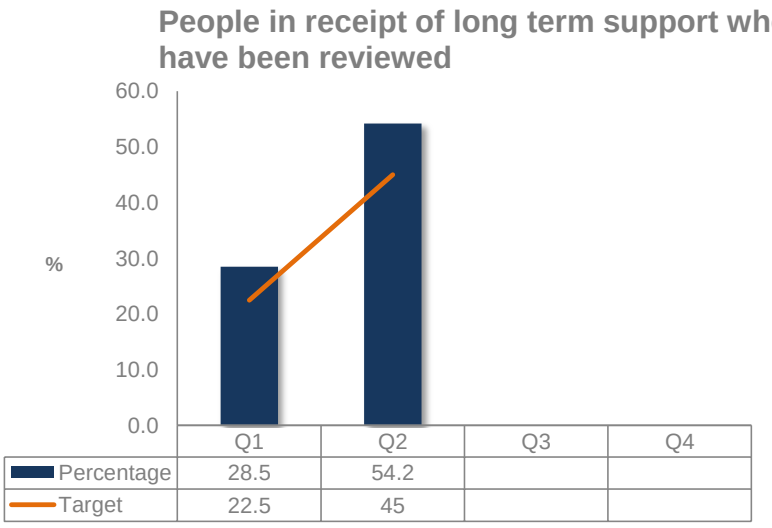
People in receipt of long term support who have been reviewed

Lincolnshire County Council has a statutory duty to assess people with an eligible need and once the person has a support plan there is a duty to reassess their needs annually. This measure ensures people currently in receipt of long term support or in a residential / nursing placement are reassessed annually.
Numerator: For adults in the denominator, those that have received an assessment or review of their needs in the year.
Denominator: Number of current Adult Frailty and long term conditions (Older people and physical disability) service users receiving long term support in the community or in residential care for 12 months or more.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
A higher percentage of people that have been reviewed indicates a better performance.

Achieved

54.2
%
Cumulative Actual as at September 2018

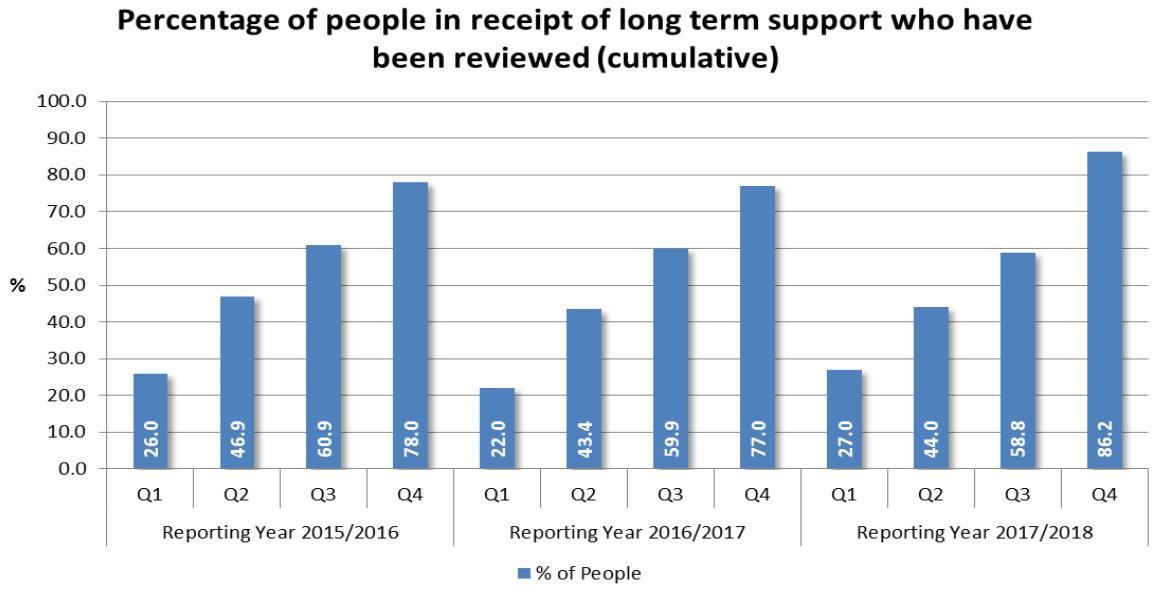
45
%
Cumulative Target as at September 2018

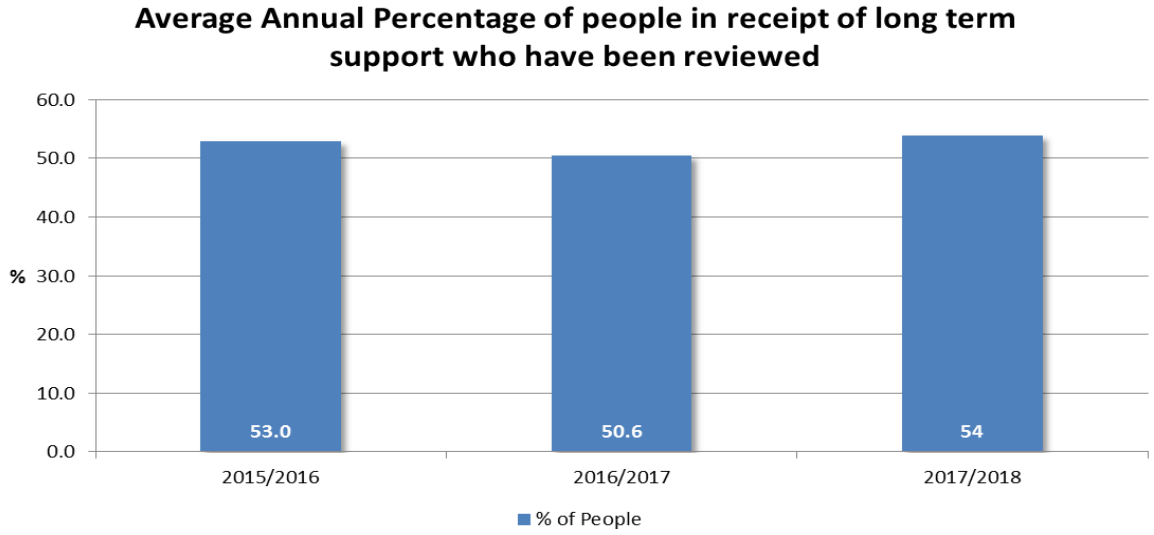


About the latest performance

The target has been exceeded in quarter 2 with 54.2% of people in receipt of long term support already reviewed this financial year. This is a positive move in the right direction and we will continue to ensure the focus is maintained.

Further details





About the target

The target is based on historical trends and is indicative of the expected direction of travel.

About the target range

This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health

About benchmarking

This measure is local to Lincolnshire and therefore is not benchmarked against any other area.

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

Carers feel valued and respected and able to maintain their caring roles

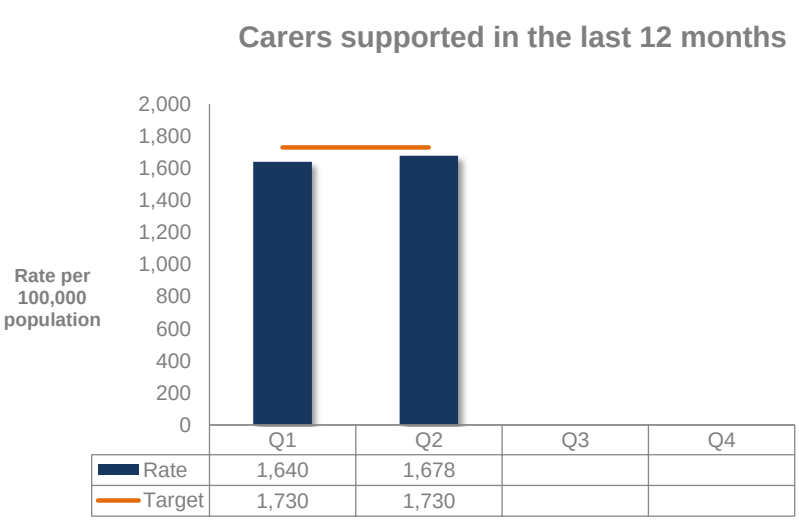
Carers supported in the last 12 months

This measure reflects the number of carers who have been supported in the last 12 months and is expressed as a rate per 100,000 population.
A higher rate of carers supported indicates a better performance.

Achieved

1,678
Rate per 100,000 population
Quarter 2 September 2018

1,730
Rate per 100,000 population
Target for September 2018

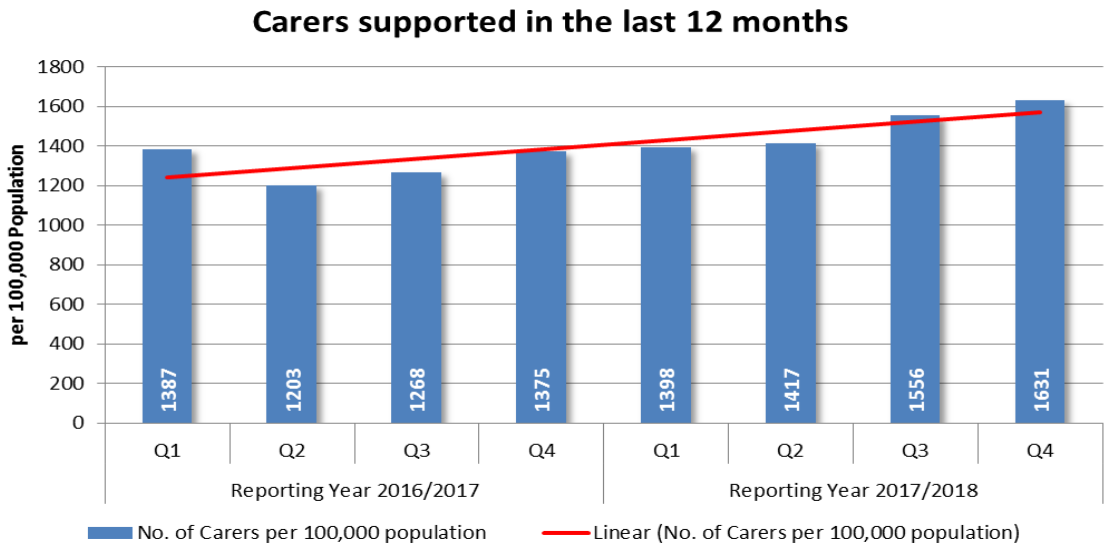


	Q1	Q2	Q3	Q4
Rate	1,640	1,678		
Target	1,730	1,730		

About the latest performance

In the 12 month period up to 30 September 2018 over ten thousand (10,238) carers of adults have been supported by the Carers Service and Adult Care. This is an increase of 232 carers compared to the Quarter 1 figure. This figure does not include any data from Children's Services and as such does not include parent carers or young carers.
1,028 (10%) carers have received a Personal Budget as a Direct Payment. 655 (6.4%) cared-for adults have been provided with short term respite services to allow their carer to take a break. 8555 (83.6%) carers have received information and advice, including those supported by Carers FIRST's universal offer.
Quarter 1 comparisons: 80 fewer Personal Budgets (Direct Payments) were awarded (-7.2%); 13 additional clients received short term respite on behalf of their carer (+2.0%) and 299 more carers received Information & Advice (+3.6%)
Further training in a strength-based approach to assessments has recently been rolled out across the Carers Service which places a greater emphasis on a collaborative process to identify and utilise carers' own strengths and capabilities, along with existing family and community networks. Maximising those strengths will enable them to achieve their desired outcomes, thereby meeting their needs and improving or maintaining their wellbeing. This approach may have influenced the reduction in the number of Personal Budgets awarded to carers and will be monitored over the next 2 quarters to see if a trend emerges.

Further details



About the target

The target is based on historical trends and is indicative of the expected direction of travel.

About the target range

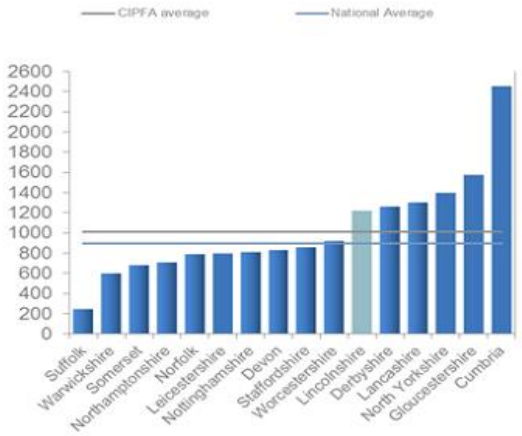
This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities. The most recent benchmarking data will be published by NHS Digital in late summer 2018 and will be added when it becomes available.

Carers supported in the last 12 months per 100,000 - CIPFA Comparators 2015/2016

CIPFA	Numerator*	Denominator**	Outcome***
Suffolk	1450	590605	245.5
Warwickshire	2645	441340	599.3
Somerset	2965	436207	679.7
Northamptonshire	3955	560409	705.7
Norfolk	5630	717037	785.2
Leicestershire	4290	539616	795.0
Nottinghamshire	5190	642564	807.7
Devon	5240	630486	831.1
Staffordshire	5925	693720	854.1
Worcestershire	4255	463334	918.3
Lincolnshire	*7265*	*594466*	*1222.1*
Derbyshire	7935	628988	1261.6
Lancashire	12300	946175	1300.0
North Yorkshire	6770	485158	1395.4
Gloucestershire	7735	492363	1571.0
Cumbria	9935	405166	2452.1
CIPFA Average	*93485*	9267634	1008.7
England Average	*386600*	43108471	896.8



*Total of carers receiving support in year (LTS003) Table 1 total of carers.
**18+ population.
***carers supported in the last 12 months per 100,000.

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

Carers feel valued and respected and able to maintain their caring roles

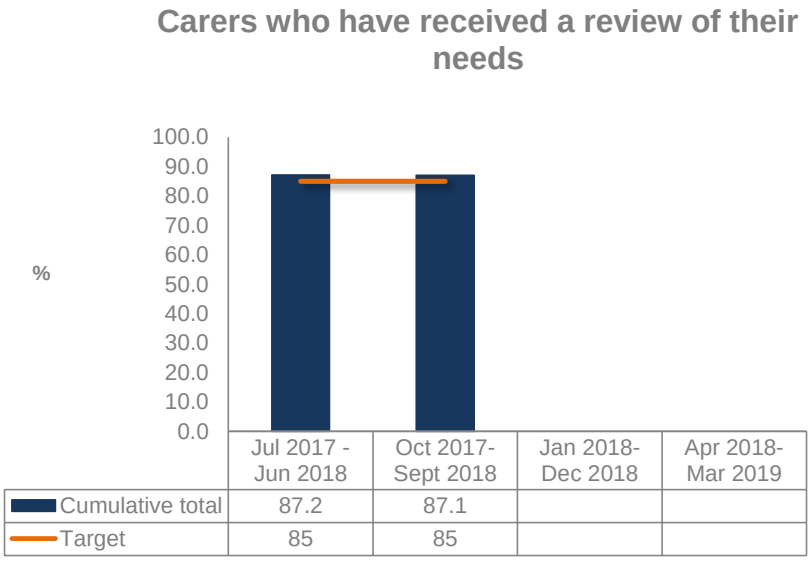
Carers who have received a review of their needs

This measure monitors whether carers, who were eligible for support under the Care Act 2014 and who received funded direct support, received their annual review of needs as per their entitlement. The measure is based on the carers table (LTS003) in the statutory Short and Long Term (SALT) collection, and is therefore underpinned by statutory guidance on recording and reporting. This measure is reported on a rolling 12 month basis e.g. Quarter 1 will show performance from July of the previous year to June of the current reporting year.

Achieved

87.1
%
Oct 2017-Sept 2018

85
%
Target for Oct 2017-Sept 2018



	Jul 2017 - Jun 2018	Oct 2017- Sept 2018	Jan 2018- Dec 2018	Apr 2018- Mar 2019
Cumulative total	87.2	87.1		
Target	85	85		

About the latest performance

This is a new measure for 2018/2019.
This measure monitors whether carers, who were eligible for support under the Care Act 2014 and who received funded direct support, received their annual review of needs as per their entitlement. The measure is based on the carers table (LTS003) in the statutory Short and Long Term (SALT) collection, and is therefore underpinned by statutory guidance on recording and reporting. Of the 1028 carers who received funded direct support (Personal Budget as a Direct Payment), 895 (87.1%) received an assessment or review in the period. 760 (84.9%) of these were Carer's assessments/reviews performed by the Carers Service, whilst 135 (15.1%) were joint assessments/reviews undertaken by an Adult Care Practitioner. This measure is down 0.1% on Quarter 1, however the percentage of those assessments and reviews that were carer-specific and undertaken by the Carers Service has increased by 1.6%.

Further details

This is a new measure for the 2018-2020 Council Business Plan therefore historical information is not available.

About the target

The target for this measure has been set to 85%. The baseline for this new measure is 70% and so this is an aspirational target.

About the target range

The target range for this measure is set at +/- 5 percentage points.

About benchmarking

Benchmarking is available for this measure from the SALT return on an annual basis. The most recent benchmarking data will be published by NHS Digital in late summer 2018 and will be added when it becomes available.

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

Enhanced quality of life and care for people with learning disability, autism and or mental illness

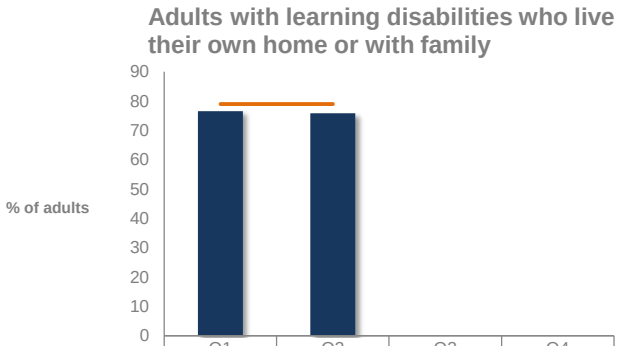
Adults with learning disabilities who live in their own home or with family

The measure shows the proportion of all adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family.
Individuals 'known to the council' are adults of working age with a learning disability who received long term support during the year.
'Living on their own or with family' is intended to describe arrangements where the individual has security of tenure in their usual accommodation, for instance, because they own the residence or are part of a household whose head holds such security.
Numerator: For adults in the denominator, those who were recorded as living in their own home or with their family.
Denominator: Adults aged 18 to 64 with a primary support reason of learning disability, who received long-term support during the year .
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
A higher percentage of adults with learning disabilities living in their own home or with family indicates a better performance.

Achieved

75.8
% of adults
Quarter 2 September 2018

79
% of adults
Target for September 2018

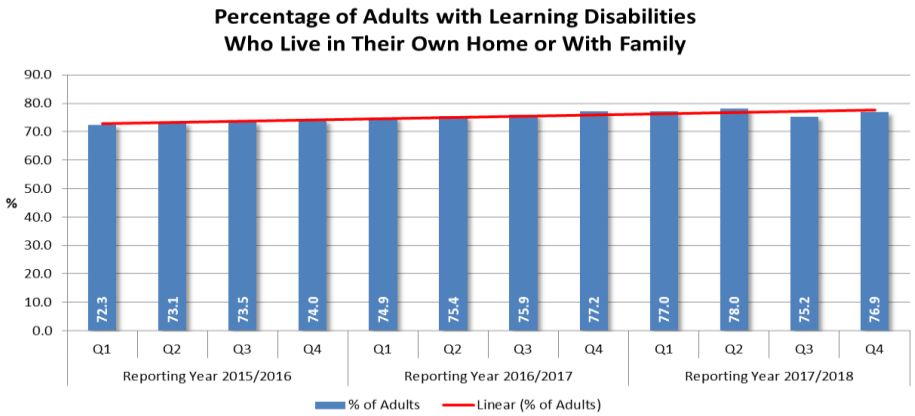


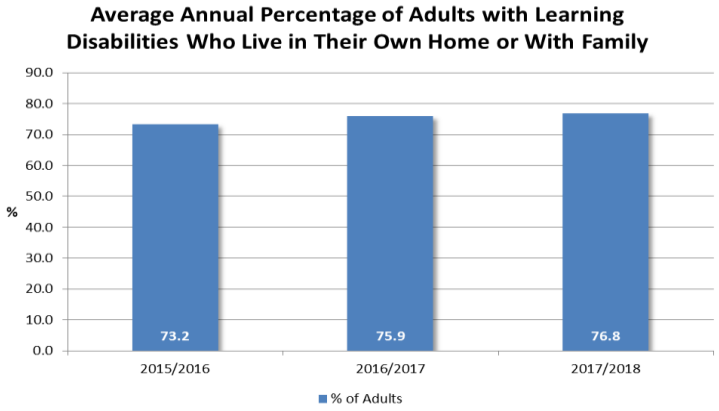
	Q1	Q2	Q3	Q4
Percentage	76.5	75.8		
Target	79	79		

About the latest performance

2018/19 has an increased aspirational target of 79% (an increase of 3 percentage points on the 2017/18 target of 76%). Performance is within tolerance for this measure. Out of a total of 1767 service users, 427 service users were identified as living in unsettled accommodation. Of these 427, 99.3% are in either Residential or Nursing care. The remaining 0.7% are living in acute or long stay hospital settings or are in temporary accommodation (which is up slightly from 0.4% in the previous quarter).

Further details





About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

About the target range

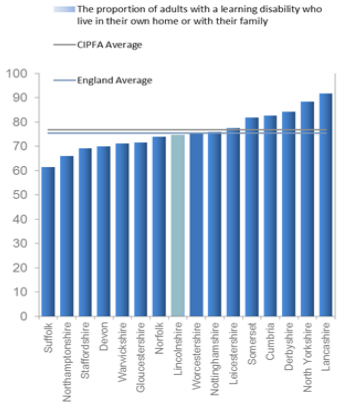
This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities. The most recent benchmarking data will be published by NHS Digital in late summer 2018 and will be added when it becomes available.

Adults with learning disabilities who live in their own home or with family- CIPFA Comparators 2015/16

	*Numerator	**Denominator	***Outcome
Suffolk	1074	1747	61.5
Northamptonshire	1117	1692	66.0
Staffordshire	1198	1732	69.2
Devon	1479	2113	70.0
Warwickshire	806	1133	71.1
Gloucestershire	919	1283	71.6
Norfolk	1622	2191	74.0
Lincolnshire	*1166*	*1561*	*74.7*
Worcestershire	962	1281	75.1
Nottinghamshire	1544	2035	75.9
Leicestershire	1108	1430	77.5
Somerset	1286	1571	81.9
Cumbria	994	1202	82.7
Derbyshire	1577	1871	84.3
North Yorkshire	1330	1506	88.3
Lancashire	2937	3198	91.8
CIPFA Average	*21119*	*27546*	*76.7*
England Average	*96288*	*127732*	*75.4*



*Number of working age (18-64) service users who received long-term support during the year with a primary support reason of learning disability support, who are living on their own or with their family
**Number of working age (18-64) service users who received long-term support during the year with a primary support reason of learning disability support
***Proportion of working age (18-64) service users who received long-term support during the year with a primary support reason of learning disability support, who are living on their own or with their family (%)

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

Enhanced quality of life and care for people with learning disability, autism and or mental illness

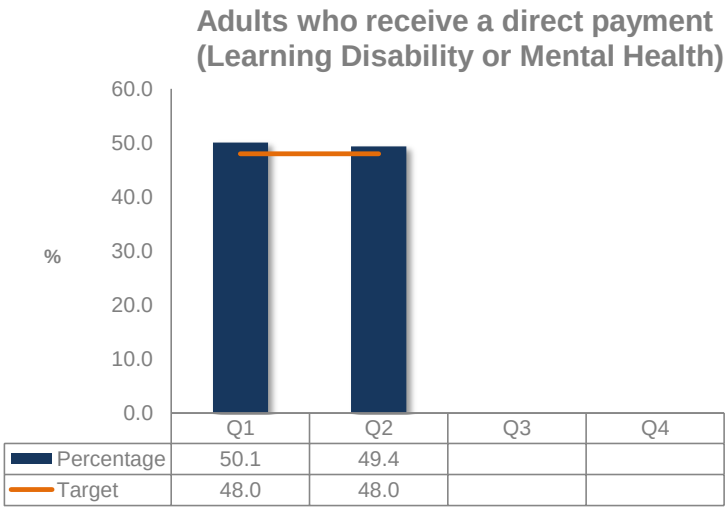
Adults who receive a direct payment (Learning Disability or Mental Health)

This measure reflects the proportion of people using services who receive a direct payment.
Numerator: Number of Learning Disability and Mental Health service users receiving direct or part direct payments.
Denominator: Number of Learning Disability and Mental Health service users aged 18 or over accessing long term support.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
This measure is reported as a snapshot in time so for example Q2 is performance as at 30th September.
A higher percentage of adults who receive a direct payment indicates a better performance.

Achieved

49.4
%
Quarter 2 September 2018

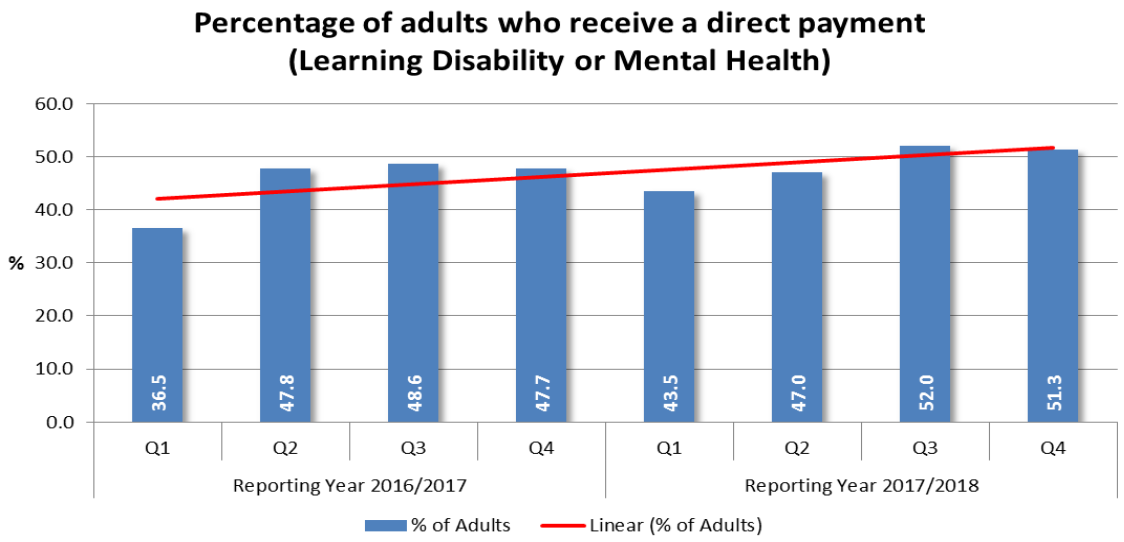
48.0
%
Target for September 2018



About the latest performance

This measure has achieved the target for Quarter 2, though performance has decreased by a small margin, down from 50.1% in Quarter 1.
Looking at the cohorts individually:
Learning Disability - 41.4% (608) of clients in the community take their Personal Budget as a Direct Payment.
Mental Health - 90.3% (260) of clients in the community take their Personal Budget as a Direct Payment.
Direct Payments allow our clients to self-direct and purchase their own care leading to greater personalisation.

Further details



About the target

The target is based on historical trends and is indicative of the expected direction of travel.

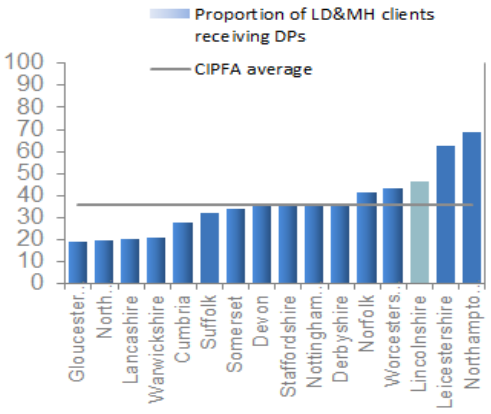
About the target range

This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health

About benchmarking

Adults who receive a direct payment (LD & MH Services Only) - CIPFA comparators 2015/2016

CIPFA	Number of LD & MH clients receiving DPS LTS001b	Number of LD & MH clients receiving community services LTS001b	Proportion of LD&MH clients receiving DPs
Gloucestershire	185	980	18.9
North Yorkshire	370	1880	19.7
Lancashire	750	3710	20.2
Warwickshire	140	670	20.9
Cumbria	355	1285	27.6
Suffolk	525	1630	32.2
Somerset	500	1460	34.2
Devon	950	2710	35.1
Staffordshire	800	2245	35.6
Nottinghamshire	765	2145	35.7
Derbyshire	630	1745	36.1
Norfolk	970	2340	41.5
Worcestershire	535	1235	43.3
Lincolnshire	**715**	**1540**	**46.4**
Leicestershire	950	1520	62.5
Northamptonshire	1080	1570	68.8
CIPFA Average	***10220***	***28665***	***35.7***



Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

Enhanced quality of life and care for people with learning disability, autism and or mental illness

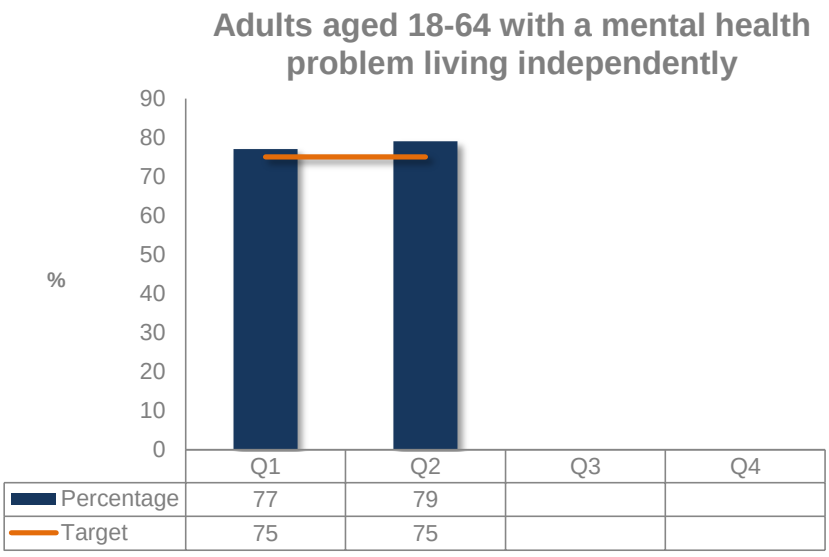
Adults aged 18-64 with a mental health problem living independently

This measure has been adapted from an Adult Social Care Outcomes Framework national measure, ASCOF 1H, which identifies all mental health clients aged 18 to 69 in contact with secondary mental health services on the Care programme Approach (CPA) who are living independently. The measure to be reported in the Council Business Plan is a subset of the national measure - mental health clients aged 18 to 64 who are also receiving long term funded support from the authority. These clients are supported by the Lincolnshire Partnership Foundation Trust (LPFT) under a S75 agreement whereby the authority delegates responsibility of service provision to the mental health trust. This is a contract measure with the Trust and only these clients in the national measure can be influenced under the contract, making it more meaningful. Since this is a local measure, there will no longer be a 3 month time lag waiting for the official publication of the MHMDS (Mental Health Monthly Data Set) submission.

Achieved

79
%
Quarter 2 September 2018

75
%
Target for September 2018



	Q1	Q2	Q3	Q4
Percentage	77	79		
Target	75	75		

About the latest performance

Performance has been consistently above target during 2018 . This indicates a significant number of those who are in receipt of long-term support are living independently.

Further details

This is a new measure to the 2018-2020 Council Business Plan therefore historical information is not available.

About the target

The target for this measure has been set at 75% - this is based on the care setting of Lincolnshire County Council funded clients, and the expectation that we should aim to maximise the independence and security of tenure for clients in the community.

About the target range

The target range for this measure is set at +/- 5 percentage points.

About benchmarking

Direct comparisons with other published benchmarking data is not possible for this measure. Although the source data is submitted in the Mental Health Minimum Dataset on a quarterly basis, this is for all clients on the Care Programme Approach (CPA) in contact with secondary mental health services, not just those that are also receiving funded social care support. The benchmarking information for ASCOF 1H relates to all CPA clients and is included as a indication of performance only.

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

People have a positive experience of care

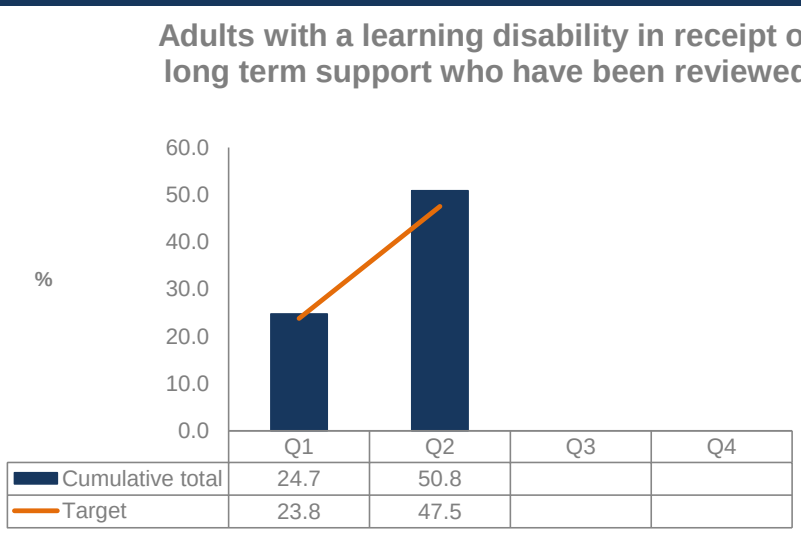
Adults with a learning disability in receipt of long term support who have been reviewed

This measure is designed to monitor the reviewing activity for clients aged 18+ with a learning disability, who are currently in receipt of funded long term support from Adult Care, and have been for 12 months or more. It is these clients specifically who are entitled to an annual review of their needs. The measure is based on the reviews table (LTS002b) in the statutory Short and Long Term (SALT) collection, and is therefore underpinned by statutory guidance on recording and reporting.

Achieved

50.8
%
Cumulative Apr 2018-Sept 2018

47.5
%
Target for Apr 18-Sept 18



About the latest performance

This measure has changed for 2018/2019 and is reporting on Adults with a Learning Disability (LD) only. 970 reviews of Adults with a Learning Disability have been undertaken between 1 April 2018 and 30 September 2018. The denominator (1908) is the number of current LD clients who were in receipt of long term support at 30 March 2018. This is the cohort of Adults with a Learning Disability who will require a review of their support during the 2018/2019 financial year. 50.8% of required reviews have taken place in the first half of the year which is an excellent result, exceeding the Quarter 2 target. Improvements in recording, regular reporting, monitoring of the cohort of clients who require a review, Business Support access to Launch Pad (allowing managers to closely track assessment activity at a team level) and a push by Locality Leads to avoid the end of year rush to review have all influenced this good performance.

Further details

This is new measure to the 2018-2020 Council Business Plan therefore historical information is not available.

About the target

The year-end target for this measure is set at 95% and the aim is to maintain this level of performance.

About the target range

The target range for this measure is set at +/- 5 percentage points.

About benchmarking

Benchmarking from the statutory SALT collection is possible at an aggregated level, that is for all clients supported by Adult Care for 12 months or more where a review has taken place. However, it can not be disaggregated by client category. The figures provided are therefore an indication of general review performance for all ages and client groups. The most recent benchmarking data will be published by NHS Digital in late summer 2018 and will be added when it becomes available.

Health and Wellbeing is improved

People have a positive experience of care

Adults aged 18-64 with a mental health need in receipt of long term support who have been reviewed

This measure is designed to monitor the reviewing activity for clients aged 18+ with a mental health need, who are currently in receipt of funded long term support from Adult Care, and have been for 12 months or more. It is these clients specifically who are entitled to an annual review of their needs. The measure is based on the reviews table (LTS002b) in the statutory Short and Long Term (SALT) collection, and is therefore underpinned by statutory guidance on recording and reporting.

Not achieved

37

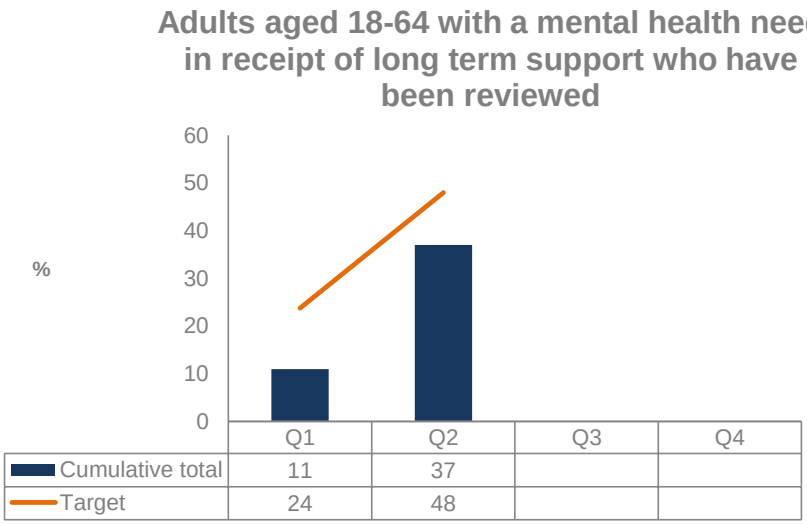
%

Cumulative total Apr 2018-Sept 2018

48

%

Target for Apr 2018-Sept 2018



About the latest performance

Performance is currently behind target and there have been some fluctuations in performance whilst vacancies in teams are addressed but assurance has been provided by LPFT (Lincolnshire Partnership NHS Foundation Trust) that the target will be met by year end.

Further details

This is a new measure to the 2018-2020 Council Business Plan therefore no historical information is available.

About the target

The year-end target for this measure is set at 95% and the aim is to maintain this level of performance.

About the target range

The target range for this measure is set at +/- 5 percentage points.

About benchmarking

Benchmarking from the statutory SALT collection is possible at an aggregated level, that is for all clients supported by Adult Care for 12 months or more where a review has taken place. However, it can not be disaggregated by client category. The figures provided are therefore an indication of general review performance for all ages and client groups. The most recent benchmarking data will be published by NHS Digital in late summer 2018 and will be added when it becomes available.

Lincolnshire COUNTY COUNCIL
Working for a better future

Communities are safe and protected

Safeguarding adults whose circumstances make them vulnerable, protecting them from avoidable harm and acting in their best interests where they lack capacity

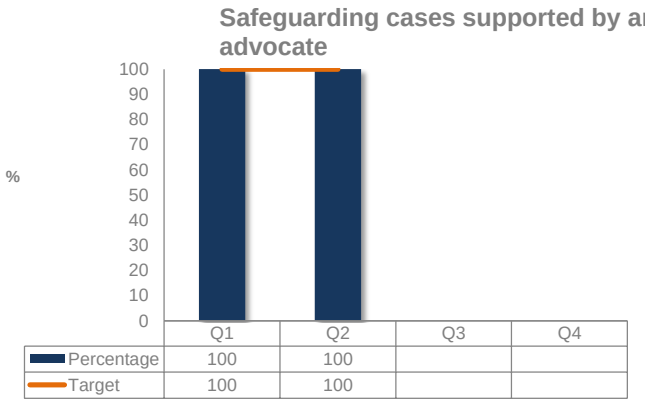
Safeguarding cases supported by an advocate

This measure identifies the proportion of concluded safeguarding referrals where the person at risk lacks capacity and support was provided by an advocate, family or friend.
An advocate can include:-
* An Independent Mental Health Advocate (IMHA);
* An Independent Mental Capacity Advocate (IMCA); or
* Non-statutory advocate, family member or friends.
Numerator: Number of concluded S42 ('Section 42' under the Care Act 2014) safeguarding enquiries in the denominator, where support was provided by an advocate, family or friend
Denominator: Number of concluded S42 ('Section 42' under the Care Act 2014) safeguarding enquiries in the period, where the person at risk lacks Mental Capacity
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
A higher percentage of cases supported by an advocate indicates a better performance.

Achieved

100
%
Quarter 2 September 2018

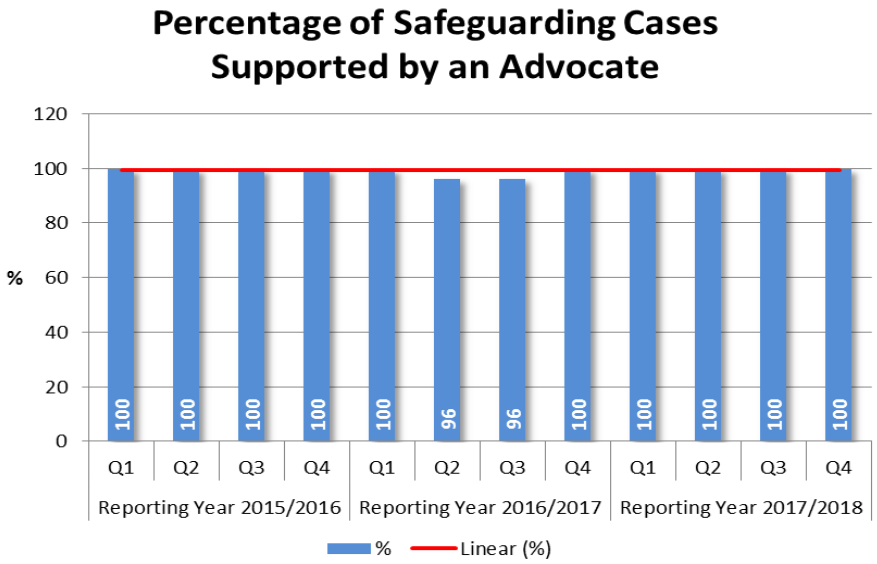
100
%
Target for September 2018

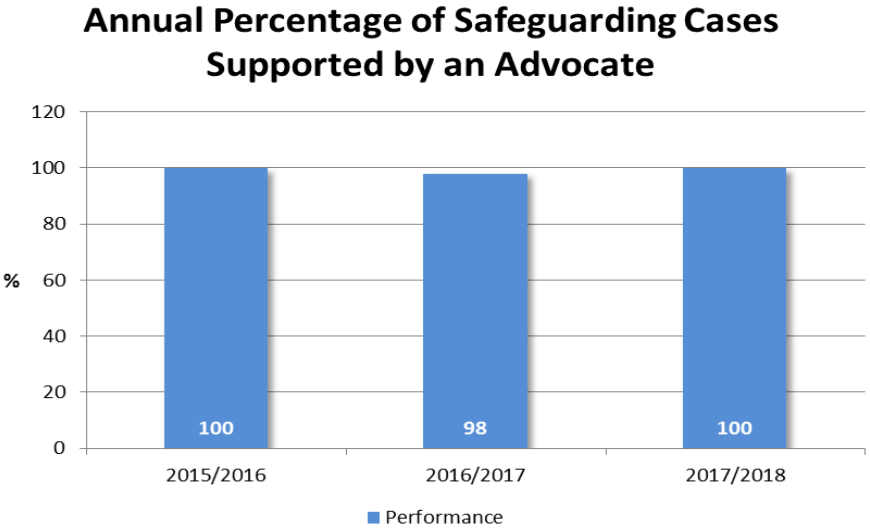


About the latest performance

Based on the available data, performance in this area continues to be strong. This remains an important measure to ensure we are supporting service users' to have a voice to exercise their choice and control.

Further details





About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

About the target range

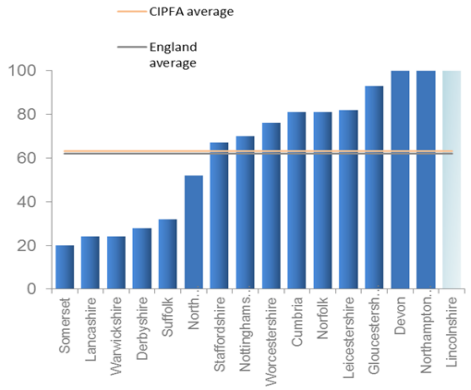
This measure has a target range of - 5 percentage points based on tolerances used by Department of Health.

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities. The most recent benchmarking data will be published by NHS Digital in late summer 2018 and will be added when it becomes available.

Safeguarding cases supported by an advocate 2015/16.

CIPFA	Numerator*	Denominator**	%***
Somerset	130	650	20
Lancashire	190	800	24
Warwickshire	35	145	24
Derbyshire	90	320	28
Suffolk	35	110	32
North Yorkshire	85	165	52
Staffordshire	110	165	67
Nottinghamshire	490	700	70
Worcestershire	95	125	76
Cumbria	175	215	81
Norfolk	250	310	81
Leicestershire	90	110	82
Gloucestershire	65	70	93
Devon	1195	1195	100
Northamptonshire	290	290	100
Lincolnshire	120	120	100
*Supported by advocate			
**Total S42 enquiries where person lacked capacity			
***% Safeguarding cases supported by an advocate			



Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

Safeguarding adults whose circumstances make them vulnerable, protecting them from avoidable harm and acting in their best interests where they lack capacity

Safeguarding enquiries where the 'Source of Risk' is a service provider

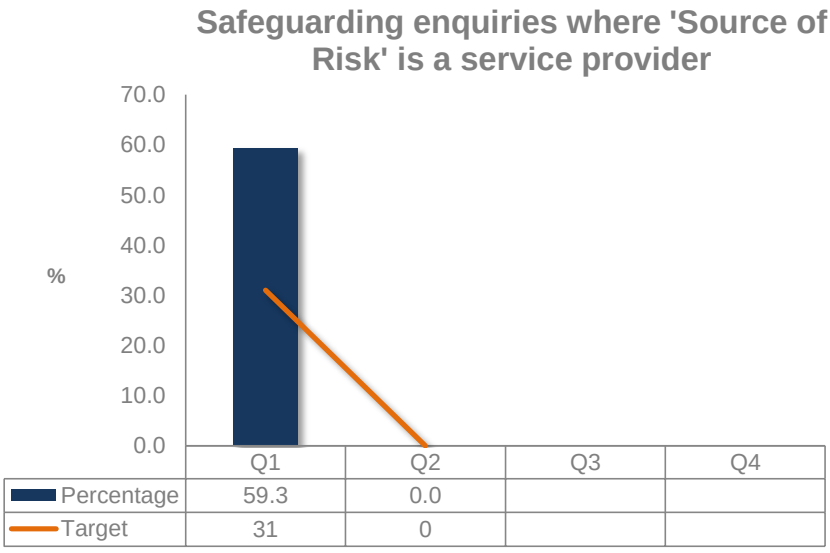
This measure records the proportion of safeguarding enquiries concluded where a risk was identified and the 'source of risk' was a 'service provider'. This provides a good gauge of the quality of care provision and the extent to which vulnerable people and professionals feel they are able to raise concerns when necessary, and work to resolve them.
Numerator: The number of S42 ('Section 42' under the Care Act 2014) safeguarding enquiries concluded in the period and where risk was identified, and the source of risk was a service provider.
Denominator: The total number of S42 safeguarding enquiries concluded in the period where risk was identified.
A lower percentage indicates a better performance.

N/A

N/A

%

Quarter 2 September 2018



About the latest performance

Work is ongoing to ensure that accurate data for this measure can be consistently collected, following a change in the safeguarding screening processes which have been implemented this year. It is expected that data for Q2 period will be available by 1st December 2018.

Further details

The definition of this measure has been revised in Quarter 1 of the 2018-2020 Council Business Plan to enable benchmarking with other authorities; historical data is no longer comparable.

About the target

The target is set based on CIPFA comparator group averages.

About the target range

This measure has a target range of +/-5 percentage points.

About benchmarking

Benchmarking data is available for all councils in England in the summer following the annual submission of the Safeguarding Adults Collection (SAC). The most recent benchmarking data will be published by NHS Digital in late summer 2018 and will be added when it becomes available.

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

Making safeguarding personal

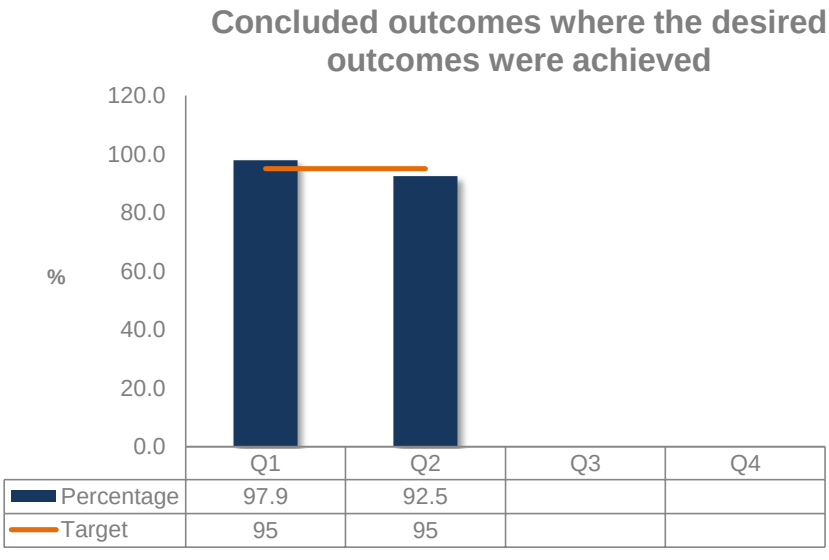
Concluded enquiries where the desired outcomes were achieved

This measure records the proportion of concluded enquiries ('Section 42' under the Care Act 2014 and other), where the desired outcomes were fully or partially achieved. This measure is a key element of the Making Safeguarding Personal (MSP) national agenda, and monitors the effectiveness of Safeguarding interventions where desired outcomes were expressed and met. The figures are taken directly from the Safeguarding Adults Collection, and is therefore underpinned by statutory guidance on recording and reporting.
Numerator: The number of concluded enquiries in the denominator where the person's desired outcome was fully or partially achieved.
Denominator: The total number of S42 safeguarding enquiries concluded in the period where the person or their representative was asked about and expressed their desired outcomes.
A higher percentage indicates a better performance.

Achieved

92.5
%
Quarter 2 September 2018

95
%
Target for September 2018



About the latest performance

Performance in this area remains strong and demonstrates that 'Making Safeguarding Personal' is embedded in practice. Quality assurance work is on-going to look at the efficiency of interventions and repeat referrals.

Further details

This is a new measure to the 2018-2020 Council Business Plan therefore historical data is not available.

About the target

The target for this measure has been set to 95%. This comes from the CIPFA comparator group average for 2016/2017 based on incomplete voluntary submissions from Councils.

About the target range

This measure has a target range of +/-5 percentage points.

About benchmarking

There will be no benchmarking available until the end of the Summer 2018. This is because the relevant table and associated data collection was not made mandatory until 2017/18, and will be reported for the first time in 2018. We aim to report the most up to date benchmarking figures in Quarter 3.

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

People are supported to live healthier lifestyles

Percentage of alcohol users that left specialist treatment successfully

This measure tracks the the proportion of clients in treatment in the latest 12 months who successfully completed treatment. Data is reported with a 3 month (1 quarter) lag.
Leaving treatment for substance misuse in a structured, planned way, having met all of the goals set at the start and throughout the treatment journey (by the service user and their key worker) is known to increase the likelihood of an individual sustaining their recovery in the longer-term. The wider impacts on society are measured by alcohol influenced antisocial behaviour and violence in the 'Protecting the public' commissioning strategy.
The definition for this indicator has been revised in Quarter 2 of the 2018/19 reporting year to align more closely with the National Drug Treatment Monitoring System (NDTMS); this has no effect on previous figures reported for this measure.

Numerator: Number of successful completions
National Drug Treatment Monitoring System (NDTMS)

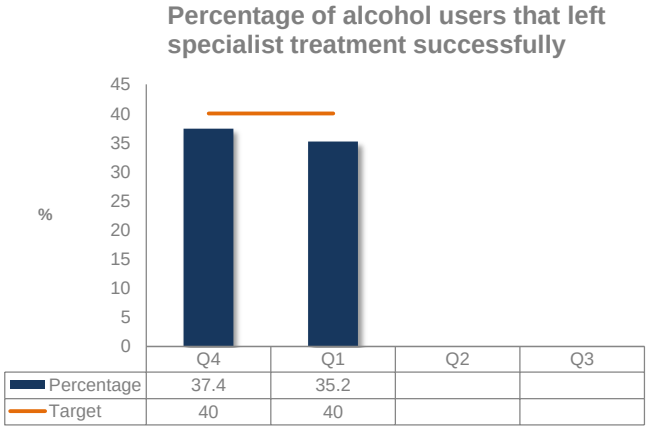
Denominator: Number of completions
National Drug Treatment Monitoring System (NDTMS)

A higher percentage of alcohol users that leave specialist treatment successfully indicates a better performance.

Not achieved

35.2
%
Quarter 1 June 2018

40
%
Target for June 2018

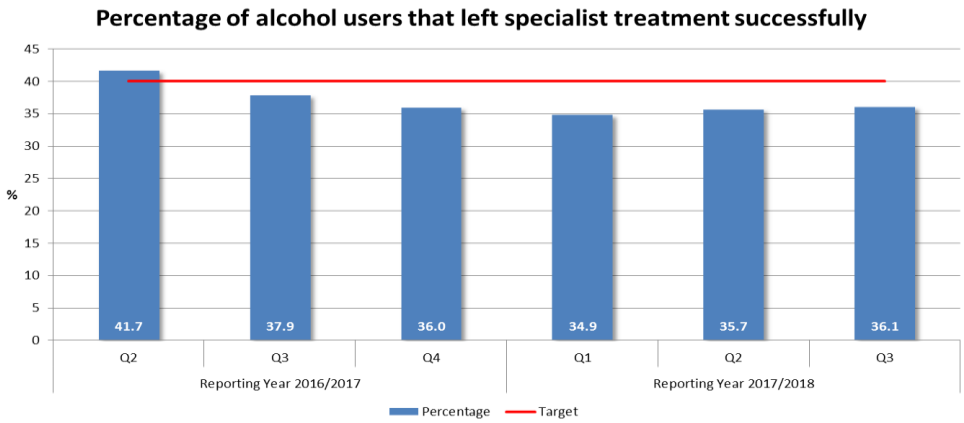


	Q4	Q1	Q2	Q3
Percentage	37.4	35.2		
Target	40	40		

About the latest performance

Performance has dropped from 37.4 to 35.2 percent during the last reporting period, this indicates that performance has now stabilised between 35-37 percent over the past reporting year. The number of successful completions has remained consistent with 243 in Q4 and 240 in Q1, however the numbers in treatment have increased further leading to the percentage reduction. The service continues to run at maximum capacity with workers holding high caseloads to avoid starting a waiting list which affects the rate quality outcomes which can be achieved. The provider continues to work towards the 40 percent target but given the smaller capacity and more chaotic nature of the service users it can be anticipated this is where performance will remain over the remainder of the financial year.

Further details



About the target

A target of 40% has been set to reflect the wording and definition of this measure.

About the target range

The target range for this measure is between 38% and 42% (of people who leave specialist treatment in a planned and successful way). This is based on an expectation of fluctuation in performance across the year.

About benchmarking

Benchmarking data is not available for this measure.

Lincolnshire COUNTY COUNCIL Working for a better future

Health and Wellbeing is improved

People are supported to live healthier lifestyles

People supported to successfully quit smoking

This measure identifies all those people who are supported to quit smoking by stop smoking and tobacco control services. These services raise awareness about the harms of tobacco and encourage and support smokers to quit smoking. People accessing the service are measured at 4 weeks; this will be the time at which it is deemed whether they have successfully quit smoking, which aligns to Public Health England reporting standards. However, the service is still available to support clients after the 4 week measurement point. This measure is reported with a 1 quarter lag, therefore data from Quarter 1 will be published in Quarter 2 of the reporting year. A higher percentage of people supported to successfully quit smoking indicates a better performance.

Not achieved

524

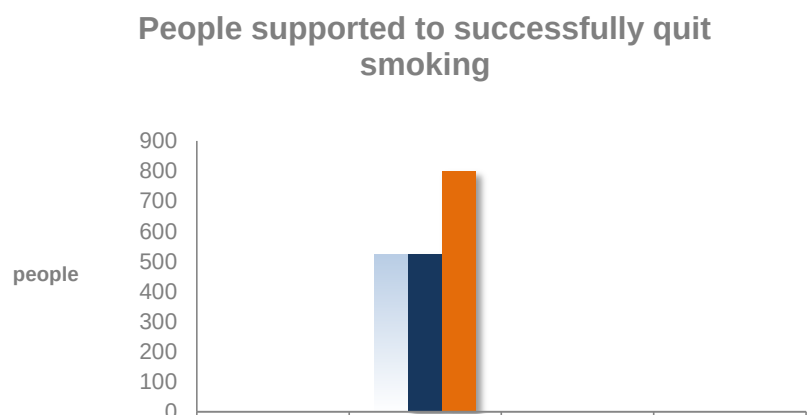
people

Quarter 1 June 2018

800

people

Target for June 2018



	Q4	Q1	Q2	Q3
Cumulative total	0	524		
People	0	524		
Target	0	800		

About the latest performance

Quit 51, the commissioned provider of stop smoking services for Lincolnshire, achieved only 65.5% of the Quarter 1 target. The service is targeting the most hardened smokers specifically: pregnant smokers, smokers with mental health conditions and smokers with long term conditions. This has impacted on the numbers of smokers accessing the service, however, the service is working hard to break down barriers to engage with these groups to access the services on offer. This in turn can affect the number of people who then go on to successfully quit smoking. The average quit rate for the quarter was 49% which compared to the England average of 49%.

Further details

This is a new measure in the 2018-2020 Council Business Plan therefore historical data is not available.

About the target

Smoking remains the biggest cause of premature mortality in England, accounting for around 80,000 deaths each year, approximately 1,200 to 1,300 in Lincolnshire. This measure supports a number of areas of the Joint Strategic Needs Assessment (JSNA) and aligns to the Public Health Outcomes Framework (PHOF) which measures a number of population level outcomes regarding smoking. Target is aligned to the Key Performance Indicator within the contract which is considerably higher than baseline performance level.

About the target range

The target range for this measure has been set to +/-5%.

About benchmarking

Statistics on NHS Stop Smoking Services are published by NHS Digital on a quarterly basis. This provides details from all local authority areas which provide data returns and so allows for regular benchmarking of stop smoking services. In 2016/17 Lincolnshire performance was mid point amongst comparator areas (ranked 8th of 16). This equates to 2,300 successful quitters at a rate of 48% (of all those who set a quit date). This is slightly below the comparator average (50.1%) as well as England (50.7%) and the East Midlands (53.2%).

Lincolnshire COUNTY COUNCIL Working for a better future

Health and Wellbeing is improved

Peoples' health and wellbeing is improved

People aged 40 to 74 offered and received an NHS health check

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. A high take up of NHS Health Checks are important to identify early signs of poor health leading to opportunities for early interventions.
This measure tracks the cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS health check, which is measured on a 5 year rolling cycle. So for example performance reported at Q2 2018/2019 is cumulative from April 2014 to 30th September 2018.

Numerator:
Number of people aged 40-74 eligible for an NHS Health Check who received an NHS health check in the financial year.
(Integrated Performance Measures Monitoring Return (IPMR_1), NHS England)

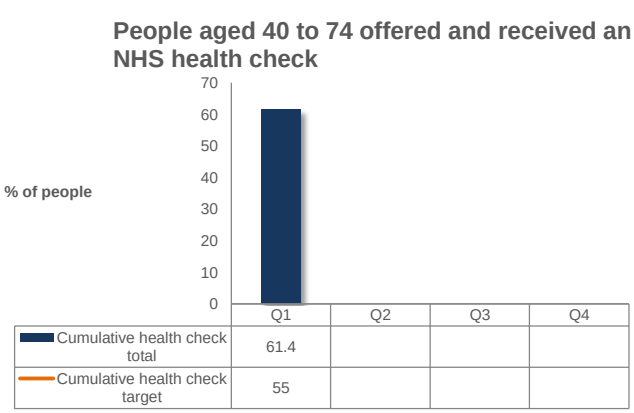
Denominator:
Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check in the financial year.
(Integrated Performance Measures Monitoring Return (IPMR_1), NHS England)

A higher percentage of people who were offered and received an NHS health check indicates a better performance.

Achieved

61.4
% of people
Quarter 1 June 2018

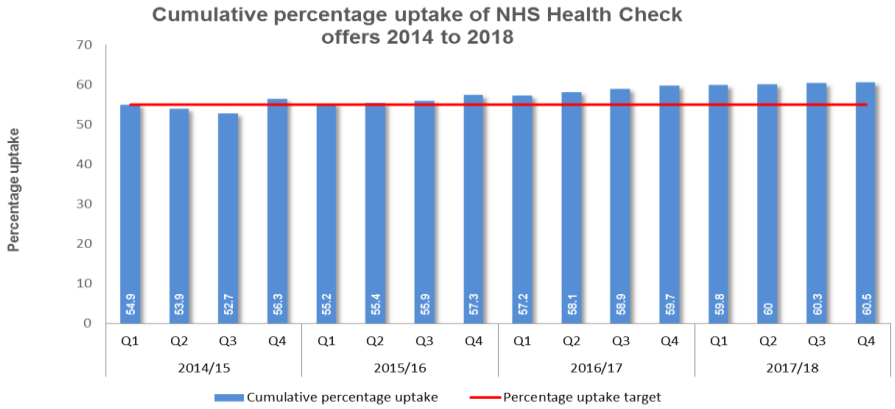
55
% of people
Target for June 2018



About the latest performance

NHS Health Check data for Quarter 1 has now been verified and published by Public Health England. We have exceeded our target and continue to perform better than the regional and England averages. The cumulative figure of eligible people invited to a health check over the 5 year rolling period is 183,712; of those, a total of 112,742 individuals took up the offer of an NHS Health Check.

Further details



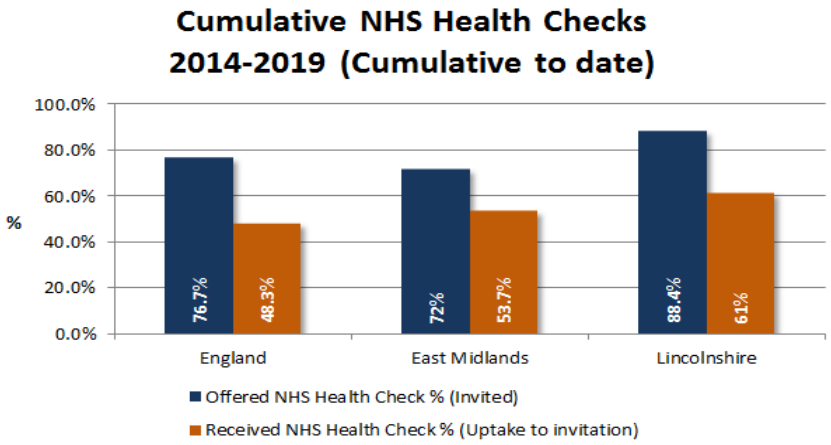
About the target

The target has been set to ensure our programme exceeds the national average and is in line with regional performance.

About the target range

The target range for this measure is between 50% and 60%, this is based on an expectation of fluctuation in performance across the year

About benchmarking



	England	East Midlands	Lincolnshire
Offered NHS Health Check % (Invited)	76.7%	72%	88.4%
Received NHS Health Check % (Uptake to invitation)	48.3%	53.7%	61%

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

Peoples' health and wellbeing is improved

Chlamydia diagnoses

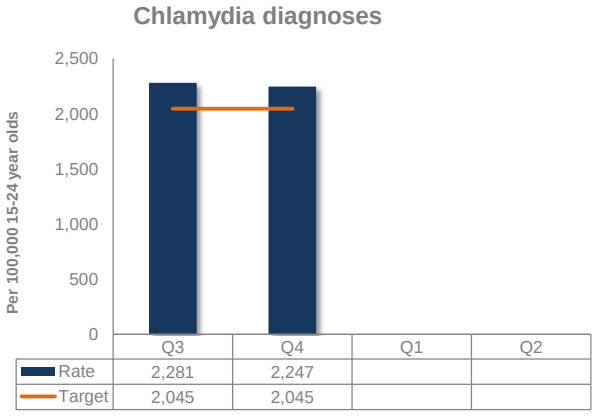
Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 based on their area of residence. Data is reported with a 6 month (2 quarter) lag. A higher rate of chlamydia diagnoses indicates a better performance.
Chlamydia is the most commonly diagnosed sexually transmitted infection. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. The chlamydia diagnosis rate amongst under 25 year olds is a measure of chlamydia control activities. It represents infections identified (reducing risk of sequelae in those patients and interrupting transmission onto others). Increasing diagnostic rates indicates increased control activity: it is not a measure of morbidity. Inclusion of this indicator in the Public Health Outcomes Framework allows monitoring of progress to control chlamydia.
Detection Rate Indicator definition: All Chlamydia diagnoses in 15-24 year olds attending specialist and non-specialist sexual health services (SHSs), who are residents in England, expressed as a rate per 100,000 population.

Numerator:
The number of people aged 15-24 diagnosed with chlamydia
(http://www.chlamydiascreening.nhs.uk/ps/data.asp)
Denominator:
Resident population aged 15-24
(Office of National Statistics)

Achieved

2,247
Per 100,000 15-24 year olds
Quarter 4 March 2018

2,045
Per 100,000 15-24 year olds
Target for March 2018

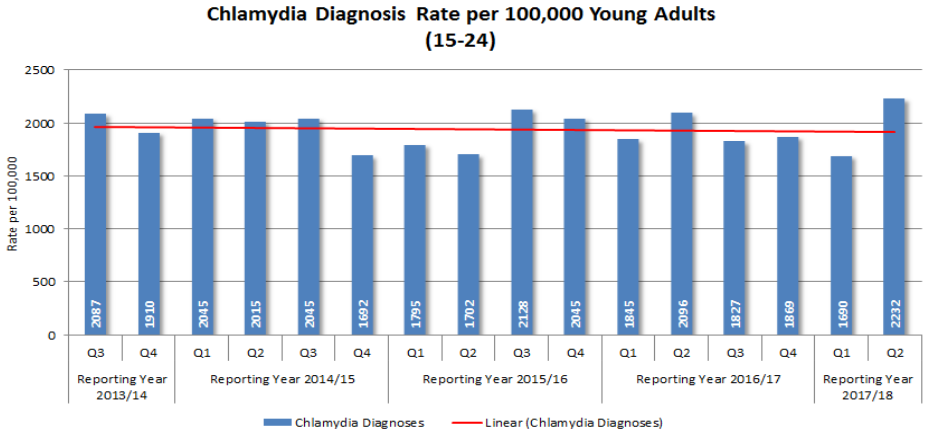


	Q3	Q4	Q1	Q2
Rate	2,281	2,247		
Target	2,045	2,045		

About the latest performance

The data is published nationally 6 months in arrears so reflects performance in the fourth quarter of 2017-18. The performance in this quarter again exceeded expectations. Service Credits were in place from June 2017 and work that has been done by Lincolnshire Integrated Sexual Health Services (LISH) to improve their performance is welcomed and has been effective.
Lincolnshire is ranked 4th out of 9 Comparator Local Authorities in the East Midlands Region for the Detection Rate Indicator. Performance exceeded the England and East Midlands rates. Positive test results remain high at 9% (target 8%) suggesting the services remain well targeted. The Public Health England (PHE) Regional Advisor for Sexual Health has advised that the positivity rate should be the main quality indicator. Lincolnshire recorded the highest percentage of population tested for chlamydia across the East Midlands region during this time period.
Relationships with their contracted General Practitioner's and Pharmacies, as well as their sub-contracted outreach provider, to improve and promote the chlamydia testing offer are ongoing. Online testing remains very popular and has the highest positivity rate indicating this service is well targeted and LISH are being encouraged to increase their online offer.

Further details



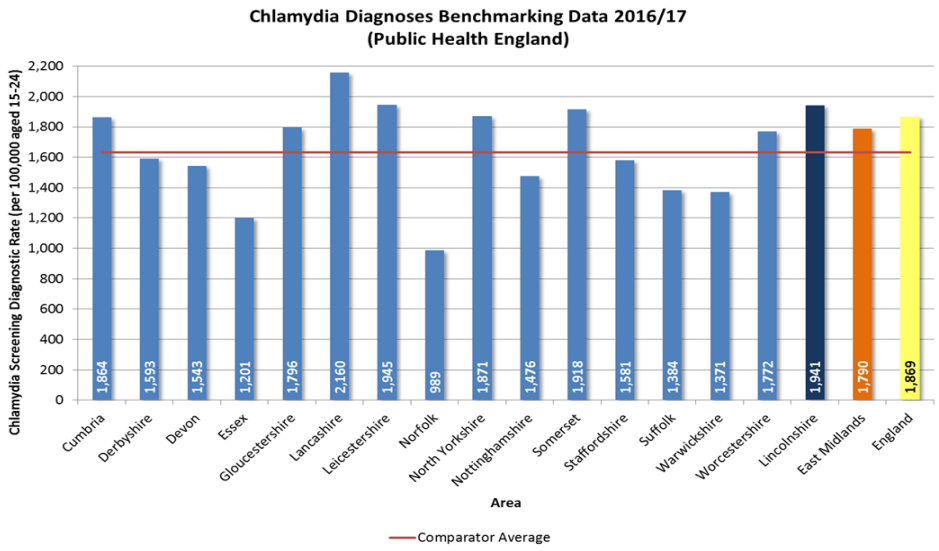
About the target

The target of 2,045 has been set in 2017/18 to reflect the fact that there is a downward trend nationally and regionally in the detection rate for chlamydia and this is mirrored in Lincolnshire also. Until further performance data is available it is not certain whether this trend will continue and, if so, whether it is due to a general decline in chlamydia within the population at large.

About the target range

The target range for this measure is between 2004 and 2086, this is based on an expectation of fluctuation in performance across the year.

About benchmarking



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Health and Wellbeing is improved

Work with others to promote community wellbeing

Number of frontline staff and volunteers trained in Making Every Contact Count (MECC)

This measure records the number of Health and Social Care frontline staff and volunteers who receive training to offer brief advice to service users; they are also trained in referring people to the appropriate services in order to make positive changes to their health and wellbeing, both mentally and physically. The training completed by staff and volunteers will either be face-to-face training or e-learning. The aim of this measure is to ensure that Health and Social care staff and volunteers 'Make Every Contact Count' (MECC). A higher number of Health and Social care staff trained indicates a better performance.

Achieved

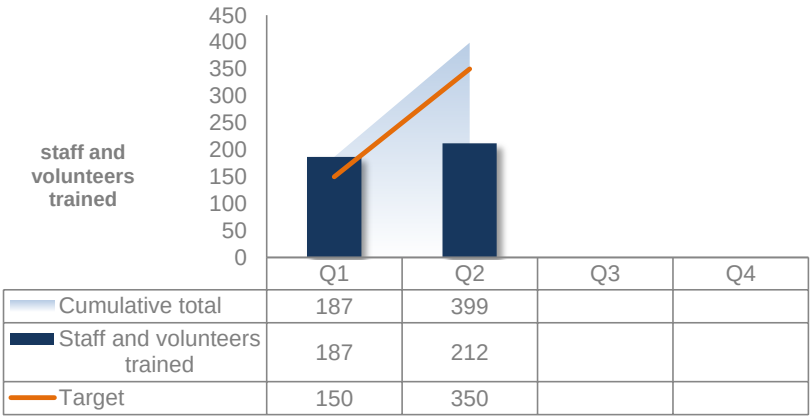
399

staff and volunteers trained
Cumulative as at Quarter 2 September 2018

350

staff and volunteers trained
Cumulative Target for September 2018

Frontline staff and volunteers trained in Making Every Contact Count (MECC)



	Q1	Q2	Q3	Q4
Cumulative total	187	399		
Staff and volunteers trained	187	212		
Target	150	350		

About the latest performance

This measures the number of staff and volunteers working in health and care related services who have received Making Every Contact Count training. This training enables service providers to deliver healthy lifestyle advice and signposting information to clients. By the end of Quarter 2, 399 individuals have been trained.

Further details

The purpose of MECC is to provide a flexible training vehicle whose content and roll out can change to reflect changing needs; subsequently historical information will only be provided when it is directly comparable to current performance.

About the target

The annual cumulative target has been calculated based on previous activity on the MECC programme. The targets are profiled to reflect the current work plan.

About the target range

An intuitive target range of +/- 5% has been set.

About benchmarking

This measure is local to Lincolnshire and therefore is not benchmarked against any other area.

Health and Wellbeing is improved

People are able to live life to the full and maximise their independence

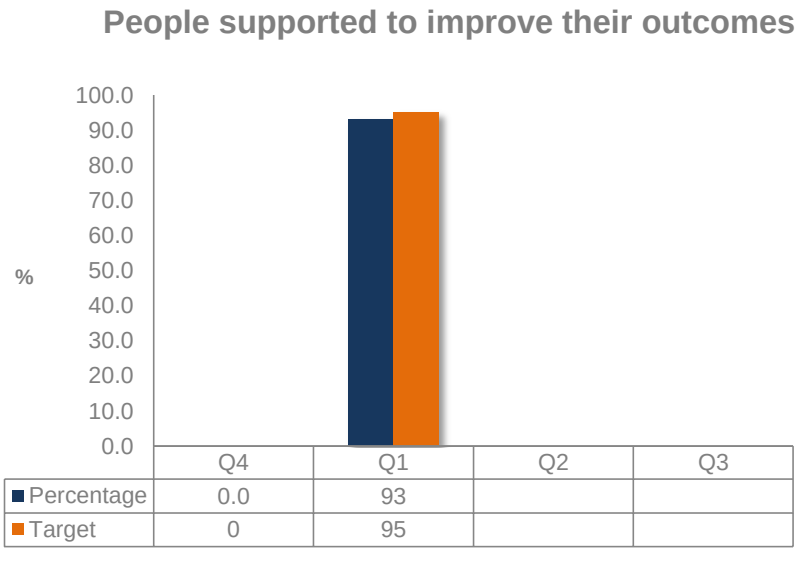
People supported to improve their outcomes

This measure identifies the percentage of people exiting the Wellbeing Service who demonstrated overall improvements across the outcomes they identified when entering the service. There are eight outcomes which the service focuses on and these are around supporting people to Manage Money, Participation, Social Contact, Physical Health, Mental Health and Wellbeing, Substance Misuse, Independence and Staying Safe. This measure is reported with a 1 quarter lag, therefore data from Quarter 1 will be published in Quarter 2 of the reporting year.
Numerator: The number of service users exiting the service with a higher Exit Score than Entry Score
Denominator: The total number of service users exiting the service.
A higher percentage of people supported to improve their outcomes indicates a better performance.

Achieved

93
%
Quarter 1 June 2018

95
%
Target for June 2018



About the latest performance

The Wellbeing Service successfully mobilised in April 2018 in its reconfigured, enhanced delivery model. This indicator measures the percentage of those achieving an improvement in their overall self-determined outcomes through support from the Wellbeing Service. Despite a challenging transition, it is very pleasing that this key indicator is showing strong performance at this stage of the contract.

Further details

This is a new measure to the 2018-2020 Council Business Plan therefore historical data is not available.

About the target

By reducing and delaying escalation of individuals into more costly care services, the Wellbeing Service enables users to maintain and enhance their independence for longer. This measure supports and monitors the effectiveness of the service and supports the Council to meet its Care Act responsibilities regarding prevention. The measure is aligned to a crucial Key Performance Indicator (KPI) in the newly commissioned Wellbeing Service.

About the target range

The target range for this measure has been set to +/-5 percentage points.

About benchmarking

No benchmarking data is available as this is a service commissioned specifically for Lincolnshire and not part of a wider national programme.

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Health and Wellbeing is improved

People are able to live life to the full and maximise their independence

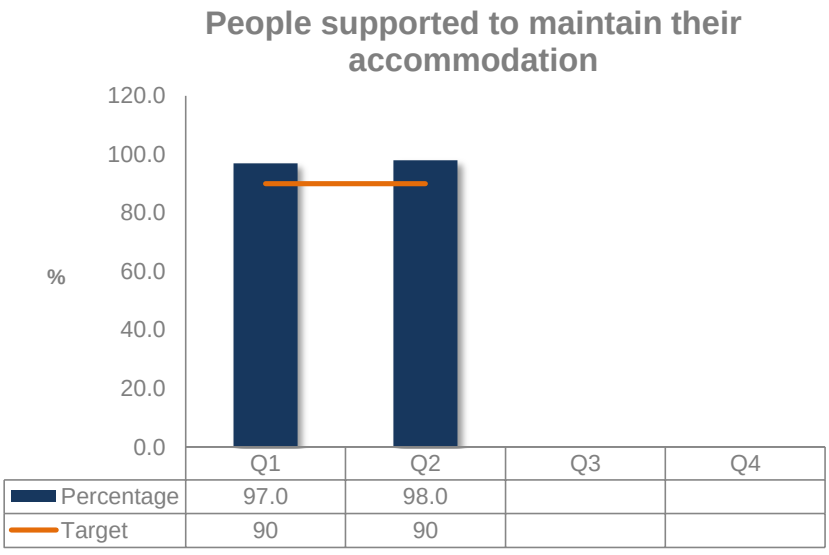
People supported to maintain their accommodation

This measure captures the overall improvement in outcomes achieved by people accessing housing related support services following on from their contact with the service. A individual will self-report improvements in self harm and reduction in medication, reduced dependency on substance misuse avoiding harm to others.
Numerator: Number of clients whose 'need' score has improved by at least 1 point.
Denominator: All needs highlighted by clients during their contact with services.

Achieved

98.0
%
Quarter 2 September 2018

90
%
Target for September 2018



About the latest performance

The Housing Related Support Services continue to exceed target on this outcome measure for the people accessing their services. This means that 98 percent of service users that identify that access to settled accommodation is a barrier to them living independently are successfully supported to reduce this.

Further details

This is a new measure to the Council Business Plan 2018/2019, therefore historical data is not available.

About the target

Housing related support services help people to access and maintain accommodation in order to prevent them from needing more costly forms of support. This measure is crucial to ensure service quality, assessing needs highlighted versus needs met for all people accessing services. It also supports the Council to meet its Care Act responsibilities regarding prevention and supports wider Public Health Outcome Framework (PHOF) outcomes regarding housing. The target is aligned to the KPI in the provider's contract.

About the target range

This measure allows for no fluctutation against the target.

About benchmarking

No benchmarking data is available as this is a service commissioned specifically for Lincolnshire and not part of a wider national programme.

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

People are able to live life to the full and maximise their independence

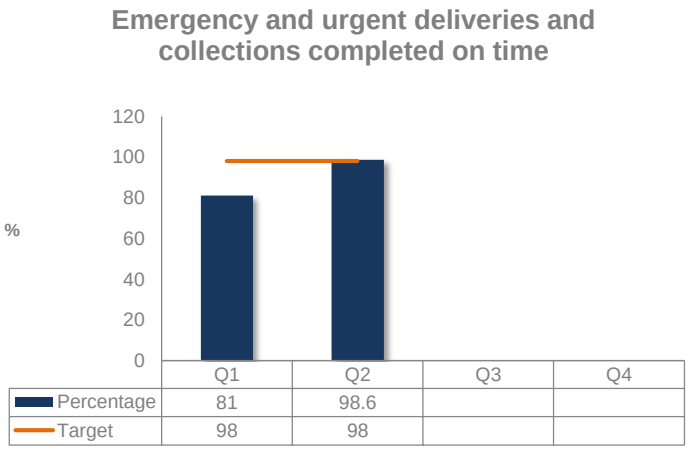
Emergency and urgent deliveries and collections completed on time

The delivery of emergency and urgent pieces of equipment is crucial as the situations within which these are requested will often involve individuals who require equipment in order to support discharge from hospital, prevent hospital admission or provide end of life care. In the event of the death of a service user, it is crucial to commence the process of collecting equipment quickly to ensure that, where possible, it can be recycled to support other users who may have need for it. Emergency deliveries and collections are defined as being undertaken within 4 hours of receipt of the authorised order. Urgent deliveries are within 24 hours and urgent collections are within 48 hours of receipt of the authorised order. The measure is an amalgamation of four KPIs within the Integrated Community Equipment Service contract which consist of: Number of emergency deliveries (within 4 hours); number of emergency collections (within 4 hours); number of urgent deliveries (within 24 hours) and; number of urgent collections (within 48 hours).
This measure is reported with a 1 quarter lag, therefore data from Quarter 1 will be published in Quarter 2 of the reporting year.
Numerator: Number of emergency deliveries and collections within 4 hours, number of urgent deliveries within 24 hours and number of urgent collections within 48 hours.
Denominator: Total number of emergency and urgent deliveries and collections.
A higher percentage indicates a better performance.

Achieved

98.6
%
Quarter 2 September 2018

98
%
Target for September 2018



About the latest performance

Since last quarter, the provider (NRS Healthcare) has employed additional staff to be able to cope with additional demand on the service; the performance in Q2 has improved because of this and this has assisted with hospital discharges and providing equipment for end of life care.
Please note, as this is a new measure to the Council Business Plan, it was previously thought that it would be reported with a 1 quarter lag. However, it is now apparent that this measure can be reported on with current data throughout the reporting year, therefore Quarter 1 data and commentary can be viewed via the PDF form, which can be downloaded from the Lincolnshire Research Observatory webpage.

Further details

This is new measure to the 2018-2020 Council Business Plan therefore historical data is not available.

About the target

This is a core commissioned service within the Community Wellbeing Commissioning Strategy and supports the Council to meet its Care Act responsibilities. Target is aligned to four KPIs within the Integrated Community Equipment Service contract.

About the target range

This measure allows for no fluctutation against the target.

About benchmarking

No benchmarking data is available as this is a service commissioned specifically for Lincolnshire and not part of a wider national programme.

Lincolnshire COUNTY COUNCIL Working for a better future

Policy and Scrutiny

Open Report on behalf of Glen Garrod, Executive Director of Adult Care and Community Wellbeing

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**28 November 2018**
Subject:	**Digital Roadmap for Adult Care and Community Wellbeing**

Summary:

This item will be a presentation on the Digital Roadmap for Adult Care and Community Wellbeing, demonstrating progress made to date and future plans. It will focus on the following key elements of the roadmap:

- Library of Information & Services Connect to Support
- Digital Self-serve - Financial Assessments
- NHS Digital Security and Protection standard for providers
- Planned Developments to Mosaic Case Management System

Actions Required:

The Adults and Community Wellbeing Scrutiny is requested to receive the presentation; consider the progress to date; and comment on the future planned actions in the Roadmap.

1. Background

Local authorities and other organisations with responsibility for providing or commissioning Adult Social Care and Support are increasingly planning for how they will utilise digital technology to achieve the delivery of key priorities.

There is increasing expectation from people who use services, their families, carers and other stakeholders that councils realise the benefits of technology to meet demand for care and support.

The Digital Roadmap aims to set out how Lincolnshire County Council's vision for Adult Care and Community Wellbeing (AC&CW) can be supported by harnessing new ways of working and digital technology innovation. The roadmap sets out our plans for doing this over the next five years. The roadmap has been put together with support and contributions from people who use services, Council members, the Council's Adult Care leadership and IMT departments. It is intended as a 'live' document to guide investment, use of resources and engagement with service users and carers.

The roadmap covers three themes:

- **Digital Customer** – People who use of care and support services
- **Digital Workforce** – Social work and care sector workers
- **Digital Community** – How we work with our partners

The item will be in the form of a presentation, allowing members to see work already progressed and influence the planned developments going forward.

There will be a focus on the following specific projects:

- **An online Library of Information and Services – Connect to Support**

  This new service will provide people with a range of options on how care, support, health and community services can be accessed. As well as web based self-service, it will offer telephone, email and a live chat support for people who may not be confident IT users, or who have limited IT access. It will also allow consolidation of existing sources of information and directories – supporting key Adult Care, Public Health and NHS priorities.

- **An Online Self-Serve Facility for Financial Assessments**

  Implementation of a self-serve digital online offer for financial assessments through "Looking Local" online solutions "BetterCare and BetterOff" will be developed as bespoke products for Lincolnshire.

  BetterCare is an online financial assessment form (in short and full versions) which will be able to accept uploaded evidence documents and produce an accurate financial assessment.

  BetterOff is an online benefits calculator which will provide personalised reports for the user advising what benefits they may be eligible for.

- **NHS Digital Security Protection Standards Project**

  A project to assist care providers in the county to achieve the NHS Data Security and Protection Standard. This NHS Digital funded project will enable providers to communicate with NHS organisations about patients through secure email.

- **Planned Developments to the Council's Mosaic Case Management System**

  Throughout 2019 there will be a series of enhancements to Mosaic. Further system upgrades will bring increased functionality and usability. There will be continued review and development of Mosaic's workflows, based on user feedback and policy changes. We will on-board further external partners and services, such as the Integrated Lifestyle Support Service (ILS) for Public Health. Mosaic Finance will go live throughout the year for both Adult Care and Children's Services. Also Mosaic Portal functionality (known as Finestra) will

see customers have the ability to self-refer, self-assess and also view their own details and care packages online. Practitioners will be able to access their caseloads via the web from anywhere and service providers will be able to invoice and share availability.

2. Conclusion

For Lincolnshire County Council to meet rising demand for care and support, it must utilise technology in the most effective and appropriate way. The Digital Roadmap brings together current activity and future intentions into a coherent plan. Members have a key role in shaping that plan.

3. Consultation

a) Have Risks and Impact Analysis been carried out??

No

b) Risks and Impact Analysis

n/a

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Adult Care and Community Wellbeing Digital Roadmap

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Theo Jarratt, who can be contacted on 01522 55177 or theo.jarratt@lincolnshire.gov.uk.

Appendix A

LCC Adult Care and Community Wellbeing

Digital Roadmap

2018 – 2023

Introduction

This Digital Roadmap aims to set out how the Council's vision for Adult Care & Community Wellbeing (AC&CW) can be realised by harnessing new ways of working and digital technology innovation, over the next 5 years. It focuses on three key themes:

- Digital Customer or Citizen
- Digital Workforce
- Digital Community

Our aim is to help transform the provision of care and support by:

- **Empowering the person** and, where appropriate, their families and carers to maintain their own independence, manage their care and support needs, and interact with the council and care services in a way that is convenient and effective for them.
- **Supporting the care workforce** in delivering high quality care at all times, as part of a network of professionals who can communicate easily with each other, with access to people's records and care plans at the right time, supported by the best decision support and monitoring tools.
- **Integrating services across health and care** so that people receive support and care in the place that is most convenient to them, whilst using health and care resources in the most effective way.

The tables below outline the AC&CW activities that have already been completed, are currently being undertaken, and are planned for the future, in relation to the three themes.

The outcomes addressed by the activities are:

Digital Transactions	• Customers can be paid digitally • Customers are able to purchase products and pay for services online
Daily Living	• Customers can access and use technology to aid daily living
Self-Serve / Self-Care	• Customers can carry out key tasks online themselves such as financial assessments and needs assessments / reviews • Customers can find information and access services to manage their own care needs • Customers can be supported to access digital resources

Accessing Records and Information Sharing	• Customers are informed and in control of their own social care records, and can access / update information • Workers can access a range of information and advice to support their work with customers • Communication and information sharing between staff in different organisations and different locations is aided by appropriate technology • Workers are able to complete and update care records whilst with the client, or whilst working away from their workbase • Integrated working with Health and other partners (removing barriers) • Workers have access to information about each client, appropriate to their role • Providers can contribute to a holistic customer record, improving efficiency of service provision and reducing barriers to communication
Agile Workforce	• Staff are efficient and effective in their daily activities, supported by appropriate hardware and software • Workers feel safe whilst working remotely • Effective resource management to assist with assessment, review and planning activity, reducing time spent and cost incurred
Public IT access	• Improve public IT access in venues such as libraries and community access points to enable social care customers to self-serve
Joint Commissioning	• Reducing costs by joint commissioning shared (digital) services with health partners
Communication	• Use digital technology to aid communication with and gather feedback from customers
Use of data	• Technology is utilised to support effective intelligence management e.g. use of apps

DIGITAL CUSTOMER/CITIZEN *A 'digital citizen' is described as "someone who develops the skills and knowledge to effectively use the Internet and other digital technology; especially in order to participate responsibly in social and civic activities". An effective digital citizen can purposefully and confidently use digital technology to communicate, find information, and purchase goods and services.*			
What have we done already?	**How?**	**When?**	**Who?**
Direct Payments – Pre-paid Cards	Process to access a Direct Payment streamlined and simplified. Revision of policy and supporting guidance. Introduction of Pre-paid Cards and further development of the market for personalisation.	Implemented Sept 2017	Commissioning Team
What are we doing now?	**How?**	**When?**	**Who?**
Telecare / Assistive technologies	Wellbeing Response Service NRS Telecare	Ongoing	AC&CW
Talking Mats – visual framework that uses picture symbols to help people with communication difficulties to communicate more effectively. Digital version available to use on tablets, smart boards etc.	QA Team has received training and are piloting the physical version in care homes to gather feedback on customer experience. Plan to look at purchasing licences and equipment to enable use of the digital version in the future.	Nov 2017 - present	QA Team
What do we want to do?	**How?**	**When?**	**Who?**
Self-assessment / eligibility / financial assessment tools	Tools available via LCC's online platforms to enable customers to complete self-assessments, eligibility calculators and financial assessments/ ready reckoners.	Nov 2018 onwards	AC&CW / IMT / Serco
Self-serve (products and services) / E-marketplace	Facility for customers to be able to search for and purchase products and services online via LCC's platforms. Future development of the PCG Connect to Support product.	Jan 2019 onwards	AC&CW / IMT / Serco
Mosaic Client Portal	Implementation of Servelec Corelogic's proposed solution for a client portal linking to Mosaic records	Jan 2019 onwards	MDaS Team
STP Patient Portal	Implementation of InterSystems' portal for customers and their families to access their health and care records	TBC	STP (Health)

DIGITAL WORKFORCE

A definition of 'digital workforce' is "one that integrates technology to connect all elements of the supply chain". It harnesses digital technology to improve productivity and effectiveness, and ensures its employees have the necessary skills to adopt a digital approach to delivering services through data sharing, connected services, and flexible working. An Adult Care workforce must be able to carry out their daily activity in a mobile and agile way, with devices that enable them to access information and systems from any location, including customers' homes, partner organisations and public places.

What have we done already?	How?	When?	Who?
Agile working / Flexible working	Hot-desking, use of other LCC offices, working from home, WiFi, flexible working hours, types of leave	Ongoing	Corporate
Airwatch smartphone refresh	Rolling programme to replace mobile phones (Blackberry) with Microsoft smartphones	Ongoing	Corporate / IMT
Implementation of Mosaic	Access to case recording system for Adult Care staff and external agencies	Dec 2016	MDaS
Implementation of Mosaic Mobile	Ability to download Mosaic forms to complete offline	Dec 2016	MDaS
Implementation of Me-learning	Access for staff to complete e-learning training to support use of Mosaic	Dec 2016	MDaS
Use of Remedy on Demand and My Portal (Systems Support / ServiceDesk)	Administrative access for MDaS and Serco staff to call logging and resolution platforms to support Mosaic end users	Dec 2016	MDaS / Serco IT
Implementation of Business World On (formerly Agresso)	Access for staff to manage financial processes and personnel records	Feb 2018	Corporate / Serco Finance
Adults Policy, Procedures & Practice Hub	Policy, procedure and practice information for LCC professionals (previously the AC Manual). Hosted online by PPP.	Implemented April 2018 - updated biannually	IST
What are we doing now?	**How?**	**When?**	**Who?**
Use of FutureNHS Collaboration Platform to share documents with Health	Shared access for AC staff for meeting minutes and papers (STP).	Ongoing	IST / STP
Use of Resilience Direct for emergency planning and business continuity management	Regular desktop exercises to ensure staff know how to use the platform. Uploading directorate BCPs.	Ongoing	Corporate / EP

DIGITAL WORKFORCE

A definition of 'digital workforce' is "one that integrates technology to connect all elements of the supply chain". It harnesses digital technology to improve productivity and effectiveness, and ensures its employees have the necessary skills to adopt a digital approach to delivering services through data sharing, connected services, and flexible working. An Adult Care workforce must be able to carry out their daily activity in a mobile and agile way, with devices that enable them to access information and systems from any location, including customers' homes, partner organisations and public places.

What have we done already?	How?	When?	Who?
Provision of sim-enabled laptops to AC frontline practitioners	Rollout of purchased devices to frontline staff via countywide deployment clinics.	June 2018– Jan 2019	AC&CW / IMT / Serco
Shared health and social care client information via STP Clinical Care Portal	AC staff to be given read only access to Clinical Portal to view patient information recorded by Health on NHS systems. Mosaic client information to be shared with Health colleagues.	Spring 2019	IST / STP
Lone worker devices for frontline staff	Survey of AC teams' use of existing allocated lone worker devices to inform future requirements for lone working Corporate solution on Vodafone contract	Nov 2017 – Jan 2018 Dec 2018 – Feb 2019	IST Corporate / IMT
WhatsApp on mobile phones	Ongoing programme to rollout WhatsApp functionality where appropriate	June 2018 ongoing	IMT
What do we want to do?	**How?**	**When?**	**Who?**
Govroam – Wi-Fi solution for the public sector	TBC	TBC	Corporate / IMT
Video conferencing/Skype – staff liaising with Health colleagues, use for staff supervisions	To be available via Office 365	TBC	AC&CW / IMT / Serco
Online staff forum – chat, share best practice, ideas	TBC	TBC	AC&CW / IMT / Serco
Shared access to Wi-Fi in Health venues (Hospitals)	TBC	TBC	AC&CW / IMT / Serco
Workforce scheduling / Review scheduling	TBC	TBC	AC&CW / IMT / Serco

DIGITAL COMMUNITY

A 'digital community' is one that embraces the use of technology to support its citizens, and strengthens partnerships between different organisations through shared IT solutions and communication platforms. LCC can facilitate this by improving the uptake and development of digital skills amongst the residents of Lincolnshire, therefore encouraging collaboration and co-production. It can also collaborate with partner organisations to jointly procure suitable IT solutions.

What have we done already?	**How?**	**When?**	**Who?**
AC Online information pages	AC information and advice pages hosted on public facing LCC Connects website	Ongoing	IST
Care Services Directory	Hosted online by Care Choices (in addition to printed version)	Updated annually	IST
What are we doing now?	**How?**	**When?**	**Who?**
Procurement and implementation of a Library of Information and Services, in partnership with STP	AC and STP joint procurement of solution to support Care Act requirements and the self-care agenda	Nov 2018	IST / STP / Commercial
NHS Digital Security Protection Standards for Providers	NHS Digital funded project to enable independent care providers to achieve NHS Digital Security Protection Standards	Oct 18 – March 2019	IST/ LiNCA
External partners' use of Mosaic – F&R, Carers First, Housing, Sensory Impairments, etc	TBC	TBC	MDaS
What do we want to do?	**How?**	**When?**	**Who?**
Mosaic Professional Portal	Implementation of Servelec Corelogic's proposed solution for a professional portal linking to Mosaic records	March 2019 onwards	
Mosaic Provider Portal	Implementation of Servelec Corelogic's proposed solution for a provider portal linking to Mosaic records	June 2019 onwards	MDaS
Apps for providers and customers	TBC	TBC	TBC

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Policy and Scrutiny

Open Report on behalf of Keith Ireland, Chief Executive

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**28 November 2018**
Subject:	**Working Group – Government Green Paper: *Care and Support for Older People***

Summary:

The Committee has established a working group to consider the background to the Government Green Paper on *Care and Support for Older People*, the publication of which was originally expected in the autumn.

This report sets out proposed terms of reference and proposes the next meeting of the working group take place in January 2019.

Actions Required:

To consider the draft terms of reference of the Government Green Paper Working Group, as set out in this report.

1. Background

Government Green Paper – Care and Support for Older People

The Government Green Paper on *Care and Support for Older People* is due to be published during the autumn, but is now expected in early 2019. As reported to the Committee previously, several organisations have produced discussion papers in advance of its publication. Of particular relevance for Lincolnshire County Council are two papers published by local government organisations: -

- *Sustainable County Social Care – A Green Paper that Delivers A New Deal for Counties* (The County Councils Network: 27 July 2018)

- *The Lives We Want to Lead – The LGA Green Paper for Adult Social Care and Wellbeing* (The Local Government Association: 31 July 2018)

The County Council has responded to each of these discussion papers.

Other papers include a report by Independent Age, which is a charity providing advice and support for older people, entitled: *A Taxing Question: How to Pay For Free Personal Care*.

Membership of the Working Group

Following the last meeting of the Committee, a working group was established, which comprises Councillors Hugo Marfleet, Mrs Liz Sneath, Rob Kendrick, Julie Killey, Alexander Maughan and Mark Whittington.

Initial Meeting of Working Group Members

On 19 October, an initial meeting of the working group took place and following this, it was agreed that draft terms of reference would be articulated on the basis of the working group's discussion.

Proposed Terms of Reference

At its initial meeting on 19 October, the working group made comments on its remit, which have been articulated into the following draft terms of reference: -

(1) In advance of the Government's publication of its Adult Social Care Green Paper, to review the following:

(a) *Sustainable County Social Care – A Green Paper that Delivers A New Deal for Counties (The County Councils Network: 27 July 2018)*

(b) *The Lives We Want to Lead – The LGA Green Paper for Adult Social Care and Wellbeing (The Local Government Association: 31 July 2018)*

(c) *A Taxing Question: How to Pay For Free Personal Care. (Independent Age, September 2018)*

(d) *the responses of Lincolnshire County Council to (a) and (b) above, and any other relevant documents.*

(2) To consider the potential challenges for Lincolnshire, including its rurality and sparsity, and possible solutions including future IT developments.

(3) To consider the links to housing provision by taking account of any relevant work by the Health and Wellbeing Board's Housing Sub Group.

(4) To review the content of the Green Paper following its publication, including the extent to which it meets Lincolnshire's needs.

(5) To consider any overlaps between the publication of the NHS Plan alongside the Green Paper when both become available.

The Working Group expects to make recommendations to the Executive Councillor for Adult Care, Health and Children's Services, as part of its contribution should the County Council decide to make a response to the Green Paper consultation. This suggests the group may continue until March 2019.

Working Group Meeting

In view of the timescales, it is proposed to set up a working group meeting in early 2019.

2. NHS Long Term Plan

On 18 June 2018, the Government announced a long-term funding settlement for the NHS: an average annual real terms growth rate of 3.4% over five years. In return, the Government has asked NHS England and NHS Improvement to set out by the end of November 2018 a long term plan for the NHS which:

a. delivers on the NHS's existing Five Year Forward View commitments;
b. sets out a five year plan to deliver clear improvements and financial stability for the NHS; and
c. articulates ten year high level ambitions for further improvements to patient outcomes.

NHS England and NHS Improvement have stated that from November 2018 until March 2019 they will work with the NHS locally and regionally, including Sustainability and Transformation Partnerships, to map out implications of the national priorities for local services and people.

Links have been made between the Government Green Paper: *Care and Support for Older People* and the NHS Long Term Plan. In June 2018, the Secretary of State for Health and Social Care stated that the Government wants to integrate plans for social care with the new NHS plan, and the NHS has been advised that a key plank of its long term plan must be the full integration of health and social care.

Assuming the NHS Long Term Plan is published in early December 2018, the Health Scrutiny Committee will be considering an item on this at its next meeting on 12 December 2018.

3. Conclusion

The Committee is invited to consider the draft terms of reference of the Government Green Paper Working Group, as set out in this report.

4. Consultation

When the Government publishes the Green Paper: *Care and Support for Older People*, a period of consultation will follow.

Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 01522 553607 or by e-mail at Simon.Evans@lincolnshire.gov.uk

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Lincolnshire COUNTY COUNCIL
Working for a better future

Policy and Scrutiny

Open Report on behalf of Keith Ireland, Chief Executive	
Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**28 November 2018**
Subject:	**Adults and Community Wellbeing Scrutiny Committee Work Programme**

Summary:

This item enables the Committee to consider its work programme, which is reviewed at each meeting. Members of the Committee are encouraged to highlight items that could be included for consideration.

Actions Required:

To review, consider and comment on the work programme; and highlight any additional scrutiny activity which could be included for consideration in the work programme.

1. Background

Today's Work Programme

Set out below are the items on the Committee's agenda today: -

28 November 2018 – 10.00am	
Item	*Contributor(s)*
Wellbeing Service and Telecare Update	Semantha Neal, Chief Commissioning Officer, Adult Care and Community Wellbeing Robin Bellamy, Wellbeing Commissioning Manager, Adult Care and Community Wellbeing
Long Acting Reversible Contraception, Emergency Hormonal Contraception and Pregnancy Testing *(Executive Councillor Decision: Between 3 and 7 December 2018)*	Tony McGinty, Consultant in Public Health (Health Protection) Linda Turnbull, Senior Commercial and Procurement Officer

28 November 2018 – 10.00am	
Item	*Contributor(s)*
Adult Care and Community Wellbeing Performance for Quarter 2 2018-19	Katy Thomas, County Manager - Performance & Intelligence, Adult Care and Community Wellbeing
Digital Roadmap for Adult Care and Community Wellbeing	Emma Scarth, Head of Business Intelligence and Performance, Adult Care and Community Wellbeing
Government Green Paper *Care and Support for Older People* Working Group – Terms of Reference	Simon Evans, Health Scrutiny Officer

Future Items

Future items for the Committee are planned as follows:

16 January 2019 – 10.00am	
Item	*Contributor(s)*
Adult Care and Community Wellbeing Budget Proposals 2019/20	Steve Houchin, Head of Finance, Adult Care and Community Wellbeing
Government Green Paper on Care and Support for Older People	To be confirmed.

27 February 2019 – 10.00am	
Item	*Contributor(s)*
Adult Care and Community Wellbeing Quarter 3 2018-19 Performance	Katy Thomas, County Manager - Performance & Intelligence, Adult Care and Community Wellbeing

10 April 2019 – 10.00am	
Item	*Contributor(s)*

22 May 2019 – 10.00am	
Item	*Contributor(s)*
Adult Care and Community Wellbeing Quarter 4 2018-19 Performance	Katy Thomas, County Manager - Performance & Intelligence, Adult Care and Community Wellbeing

Potential Items for Inclusion in Work Programme

- National Carers Strategy
- Joint Commissioning Arrangements.
- Alcohol Harm and Substance Misuse Services

Executive Forward Plan

There is one item in the most recent Executive plan, which is relevant to the remit of this Committee (attached at Appendix A). The forward plan was published on 2 November 2018, for the period commencing 1 December 2018.

At – A – Glance Work Programme

An at-a-glance work programme set out in Appendix B, which shows the items previously considered.

2. Conclusion

Members of the Committee are invited to review, consider and comment on the work programme and highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme.

3. Consultation – Not applicable

Appendices

These are listed below and attached at the back of the report	
Appendix A	Forward Plan – Items Relevant to the Remit of the Adults and Community Wellbeing Scrutiny Committee
Appendix B	Adults and Community Wellbeing Scrutiny Committee – At – a – Glance Work Programme

Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 01522 553607 or by e-mail at Simon.Evans@lincolnshire.gov.uk

APPENDIX A

FORWARD PLAN OF DECISIONS WITHIN THE REMIT OF THE ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE

From 1 December 2018

DEC REF	MATTERS FOR DECISION	DATE OF DECISION	DECISION MAKER	PEOPLE/GROUPS CONSULTED PRIOR TO DECISION	HOW TO COMMENT ON THE DECISION BEFORE IT IS MADE AND THE DATE BY WHICH COMMENTS MUST BE RECEIVED	RESPONSIBLE PORTFOLIO HOLDER	KEY DECISION YES/NO	DIVISIONS AFFECTED
I016624	Long Acting Reversible Contraception, Emergency Hormonal Contraception and Pregnancy Testing	Between 3 Dec 2018 and 7 Dec 2018	Executive Councillor: Adult Care, Health and Children's Services	Public Health SMT; Commercial Team – People Services; Adult Care and Community Wellbeing DMT; Adults and Community Wellbeing Scrutiny Committee	Senior Commercial and Procurement Officer Tel: 01522 553672 Email: linda.turbull@lincolnshire.gov.uk	Executive Councillor: Adult Care, Health and Children's Services	Yes	All

APPENDIX B

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AT A GLANCE WORK PROGRAMME

KEY
✓ = Item Considered
= Planned Item

	2017				2018								2019		
	15 June	26 July	6 Sept	29 Nov	10 Jan	14 Feb	11 Apr	30 May	4 July	5 Sept	10 Oct	28 Nov	16 Jan	27 Feb	10 Apr
Meeting Length - Minutes	135	170	146	150	245	120	200	185	135	135	210				
Adult Care and Community Wellbeing Corporate Items															
Better Care Fund		✓													
Budget Items			✓		✓				✓		✓				
Care Quality Commission				✓											
Contract Management					✓										
Introduction	✓														
IT Updates					✓										
Joint Strategic Needs Assessment	✓														
Local Account				✓											
Quarterly Performance		✓	✓	✓			✓		✓	✓					
Strategic Market Support Partner			✓												
Winter Planning										✓					
Adult Frailty, Long Term Conditions and Physical Disability															
Care and Support for Older People – Green Paper															
Commissioning Strategy											✓				
Dementia Strategy											✓				
Homecare Customer Survey									✓						
Residential Care / Residential Care with Nursing - Fees						✓			✓						
Review Performance									✓						
Adult Safeguarding															
Commissioning Strategy										✓					
Safeguarding Scrutiny Sub Group				✓		✓		✓		✓					
Carers															
Commissioning Strategy											✓				
Community Wellbeing															
Director of Public Health Report								✓							
Director of Public Health Role								✓							
Domestic Abuse Services			✓												
Healthwatch Procurement								✓							
NHS Health Check Programme							✓								
Stop Smoking Service					✓										
Wellbeing Commissioning Strategy											✓				
Wellbeing Service															
Housing Related Services															
Extra Care Housing						✓									
Supported Housing						✓									

KEY
✓ = Item Considered
= Planned Item

	2017				2018								2019		
	15 June	26 July	6 Sept	29 Nov	10 Jan	14 Feb	11 Apr	30 May	4 July	5 Sept	10 Oct	28 Nov	16 Jan	27 Feb	10 Apr
Specialist Adult Services															
Commissioning Strategy										✓					
Managed Care Network Mental Health							✓								
Shared Lives							✓								